Virginia Department of Health Professions
Board of Counseling

# Agenda

**Full Board Meeting**
**August 20, 2021**
**10:00 a.m.**
9960 Mayland Dr
2nd Floor
Richmond, VA 23233

**10:00 a.m. Call to Order– Johnston Brendel, Ed.D., LPC, LMFT, Board Chair**

- Roll Call/Welcome and Introductions
- Mission of the Board Page 3

**Adoption of Agenda**

**Public Comment**

*The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.*

**Approval of Minutes**

- Board Meeting – May 21, 2021* Page 4
- Regulatory Committee Meeting – May 14, 2021 (For Informational Purposes Only) Page 12

**Agency Director's Report -** David E. Brown, DC, Director, Department of Health Professions (DHP)

**Chair Report** – Dr. Brendel Page 16

**Legislation and Regulatory Actions** – **Elaine Yeatts, DHP, Senior Policy Analyst, Regulatory Coordinator**

- Chart of Regulatory Actions Page 17
- Response to Petition for Rulemaking Related to LSATP endorsement Page 18
- Response to Petition for Rulemaking Related to Internship Hours Page 23

**Election of Officers** Page 33

**Unfinished Business**

- Review/Adoption of Telehealth Guidance Document*
  - "State of Telehealth in the U.S." by Dr. LoriAnn Stretch, LPC Page 34
  - Draft Telehealth Guidance Document Page 71
- Discussion of Interstate Telehealth Compact Page 74

- Guidance Document 115-8: Approved Degrees in Human Services and Related Fields for QMHP Registration
  - Definition of Human Services* Page 108

**Staff Reports**

- Executive Director's Report – Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work Page 110
- Discipline Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work Page 125
- Licensing Report – Charlotte Lenart, Deputy Executive Director of Licensing, Boards of Counseling, Psychology, and Social Work Page 127

**Consideration of Summary Suspension***

**Next Meeting –** November 5, 2021

**Meeting Adjournment**

*Indicates a Board Vote is required.
**Indicates these items will be discussed within closed session.
This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

Virginia Department of
Health Professions
Board of Counseling

# MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

**DRAFT**
**BOARD OF COUNSELING**
**FULL BOARD MEETING**
**Friday, May 21, 2021**
**DRAFT MINUTES**

| | |
|---|---|
| **TIME AND PLACE:** | Consistent with Amendment 28 to HB29 (the Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the Freedom of Information Act, the Committee convened the meeting virtually to consider such regulatory and business matters as are presented on the agenda necessary for the committee to discharge its lawful purposes, duties, and responsibilities. |
| **PRESIDING:** | Johnston Brendel, Ed.D., LPC, LMFT, Chairperson (Joined meeting at 1:28pm) |
| **BOARD MEMBERS PRESENT:** | Barry Alvarez, LMFT<br>Kevin Doyle, Ed.D., LPC, LSATP<br>Natalie Harris, LPC, LMFT<br>Danielle Hunt, LPC, Vice-Chairperson<br>Bev-Freda L. Jackson, Ph.D., MA, Citizen Member<br>Maria Stransky, LPC, CSAC, CSOTP<br>Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP<br>Vivian Sanchez-Jones, Citizen Member<br>Holly Tracy, LPC, LMFT<br>Tiffinee Yancey, Ph.D., LPC |
| **BOARD MEMBERS ABSENT:** | Jane Engelken, LPC, LSATP |
| **STAFF PRESENT:** | Jaime Hoyle, JD, Executive Director<br>Christy Evans, Discipline Case Specialist<br>Jennifer Lang, Deputy Executive Director<br>Charlotte Lenart, Deputy Executive Director-Licensing<br>Sharniece Vaughan, Licensing Specialist |
| **DHP STAFF PRESENT:** | David E. Brown, D.C., DHP Director<br>Elaine Yeatts, DHP Senior Policy Analyst |
| **BOARD COUNSEL:** | James Rutkowski, Assistant Attorney General |
| **CALL TO ORDER:** | Ms. Hunt welcomed Board members, staff, and the public to the meeting. Ms. Hunt called the meeting to order at 1:08p.m. After completing a roll call of Board members and staff, Ms. Hoyle confirmed that the 10 Board members present established a quorum. |
| **APPROVAL OF MINUTES:** | With no amendments to the February 5, 2021 board meeting minutes, the minutes stand approved as presented. |
| **ADOPTION OF AGENDA:** | The Board adopted the agenda as written. |

**PUBLIC COMMENT:** No public comment.

**AGENCY REPORT:** Dr. Brown discussed COVID-19 vaccines. He reported on Virginia's efforts to vaccinate adults and provided an update on the Virginia Department of Health statistics. Dr. Brown discussed how the Governor relaxed the mask mandates and how that change effects the Agency. Dr. Brown stated that when the State of Emergency expires, the law requires board meetings to resume in-person.

Dr. Brown discussed the creation of the Diversity, Equity and Inclusion (DEI) Council at DHP. He stated that DHP expanded outreach efforts for positions of leadership within the agency and has continued in-house sessions for additional training. He also stated that DHP will include this type of training in the Board Member training and will continue to work with national associations regarding diversity opportunities.

**CHAIRPERSON REPORT:** Ms. Hunt provided the chairperson report, which included the quarterly accomplishments. Ms. Hunt thanked Board members for their involvement in the various endeavors of the Board.

Ms. Hoyle indicated that Dr. Doyle's and Ms. Jane Engelken's terms on the Board expire on June 30, 2021.

Ms. Hunt thanked Dr. Doyle for his service to the Board. Dr. Brendel joined the meeting and continued the Chairperson report. Dr. Brendel also thanked Dr. Doyle and Ms. Engelken for their service to the Board.

Dr. Brown recognized Ms. Stransky for her hard work reviewing cases and her role on the IFC Committee. Dr. Brown and Ms. Yeatts both expressed their thanks to Dr. Doyle for his service.

**LEGISLATION AND REGULATORY REPORTS:**

**Regulatory Actions:**

Ms. Yeatts provided an update on current regulatory actions dated May 16, 2021.

18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Unprofessional conduct-conversion therapy (Action 5225); Final – At Governor's Office for 26 days

18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Periodic review (action 5230); Proposed - At Governor's Office for 160 days

18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Resident license (action 5371);
Final – Effective 6/23/2021

18VAC 115-30 Regulations Governing the Certification of Substance Abuse Counselors – Clarification on Independent Practice (action 5692) Fast Track – At Governor's Office for 45 days

18VAC 115-40 Regulations Governing the Certification of Rehabilitation Providers - Periodic review (Action 5305);
Final – At Governor's Office for 26 days

18VAC 115-90 Regulations Governing the Licensure of Art Therapists (under development) – NOIRA – Register Date: 3/1/2021, Comment ended: 3/31/2021

Ms. Yeatts discussed the Art Therapy Advisory Board's role and the recent Art Therapy Advisory Board meeting. Ms. Yeatts stated that there was no consensus on proposed regulatory language. The Advisory Board will meet again and will present the proposed regulations at the next Quarterly meeting.

Ms. Yeatts provided and update on the post 2021 General Assembly actions.

**COMMITTEE REPORTS:**

**Regulatory Committee:**

Ms. Tracy reported that the Regulatory Committee met on May 14, 2021.

Dr. LoriAnn Stretch provided a presentation on her recommendations for telehealth regulatory and guidance document amendments.

The Committee discussed concerns and issues with the growing number of telehealth companies and the move toward Artificial Intelligence (AI).

The Committee recommended that the Board provide immediate guidance through a newsletter/board brief and to amend the guidance

document on telehealth. Board staff will draft a proposed guidance document based on Dr. Stretch's recommendation for review at the next Regulatory meeting.

The Committee also discussed the counseling compact and the pros and cons of being one of the first ten states, which would allow the Board to be an active member of the compact commission. The Committee also discussed the Marriage and Family Therapists pursuing reciprocity instead of a compact.

The Committee discussed the need for a human service definition. The Board talked about the need to protect the public and ensure that applicants have the minimum education. Staff will develop a draft definition of human service by outlining the elements of human service and present this to the Committee.

The Committee discussed the need for more collaboration with DBHDS and DMAS around QMHPs to include an initial training, which would include ethics, and a training for supervisors about the requirements and scope of practice of QMHPs.

The Committee discussed a possible Code change to allow Agency Subordinates to hear credential review cases.

**Board of Health Professions Report:**

Dr. Doyle provided a brief summary of the recent Board of Health Professions meeting. Dr. Doyle indicated that the Board continues to grow and is a lot different from 5 to 10 years ago. Dr. Doyle commended the staff for addressing the needs of over 34,000 licensees. Dr. Doyle and Ms. Hoyle discussed the need for a Board member to be appointed as a member to the Board of Health Professions as of July 1, 2021.

**STAFF REPORTS:**

**Executive Director's Report – Jaime Hoyle**

Ms. Hoyle's report included the Board's financials as presented in the agenda packet.

Ms. Hoyle announced that the Board has recently hired Charles McAdams, former Board member and counseling educator, to review probable cause cases for the Board. Ms. Hoyle also announced that the Administration approved her request to hire a part-time executive assistant, which will help facilitate meetings, minutes, and travel for the Boards.

Ms. Hoyle gave a brief update on the AASCB annual conference and provided information on the Board's outreach.

Ms. Hoyle discussed the process for Board appointments and re-appointments.

Ms. Hoyle thanked Dr. Doyle for leading the Board and staff in a

positive direction throughout his years as a Board member and Board Chair.

**Discipline Report – Jennifer Lang, Deputy Executive Director**

Ms. Lang's report gave a brief update on the discipline report posted in the agenda packet. Ms. Lang reported that she is on the AASCB regulatory excellence committee that reviewed endorsement requirements. The Committee will now look into the telehealth. Ms. Lang will report to the Board on what the Committee discusses.

Ms. Lang thanked Dr. Doyle for all his help for the past 11 years she has been with the Board. She also thanked Christy Evans for her hard work and dedication.

**Licensing Report – Charlotte Lenart, Deputy Executive Director-Licensing**

Ms. Lenart gave a brief summary of the licensing report and thanked Dr. Doyle for his service and support to the staff. Ms. Lenart also thanked the Board of Counseling staff for their hard work and dedication.

Ms. Lenart discussed her outreach efforts and upcoming renewals.

Ms. Lenart led a discussion on continuing education exemption requests. After the brief discussion, the Board agreed that staff should not grant exemptions, but should offer extensions based on the increased amount of free and low cost training available to all licensees.

Dr. Brendel expressed his thanks to staff for their work in positively changing the perception of the Board in the community.

**RECOMMENDED DECISIONS:**

See Attachment A.

**PRESENTATION ON TELEHEALTH:**

**State of Telehealth in the U.S. Presentation – Dr. LoriAnn Stretch**

Dr. Stretch conducted a comprehensive review of telehealth legislation, laws, regulations, administrate code, and guidance documents across all fifty states and the District of Columbia. Dr. Stretch presented her 14 key practice standards of telehealth recommendations for the protection of the public. Board members were able to ask questions and discuss areas of concern. Staff will take the suggestions outlined in Dr. Stretch's report and create a draft guidance document by updating the language and tying the recommendations back to regulations and present the updated guidance documents at the next Board meeting.

**NEXT MEETING:** Next scheduled Quarterly Board Meeting is August 20, 2021.

**ADJOURN:** The meeting adjourned at 3.16 p.m.

Johnston Brendel, Ed.D, LPC, LMFT,
Chairperson

Jaime Hoyle, J.D
Executive Director

## Attachment A

## CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

**CLOSED MEETING:**
Ms. Stransky moved that the Board of Counseling convene in closed session pursuant to §2.2-3711(A)(27) of the *Code of Virginia* to consider agency subordinate recommendations. She further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Charlotte Lenart, Christy Evans, and Sharniece Vaughan attend the closed meeting because their presence in the meeting was deemed necessary and would aid the Board in its consideration of the matters.

Ms. Hunt 2nd the Motion and the motion passed unanimously by a roll call.

**RECONVENE:**
Ms. Stransky certified that pursuant to §2.2-3712 of the *Code of Virginia*, the Board of Counseling heard, discussed or considered only those public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as identified in the original motion.

**RECOMMENDATIONS:**

**Florian Ezui, LPC**

**License # 0701007213**

**Case # 195812**

Florian Ezui was not present at the board meeting. The board considered the agency subordinate's recommendation to indefinitely suspend Mr. Ezui's license to practice professional counseling in the Commonwealth of Virginia.

**Tony Gee, CSAC**

**Certificate # 0711000271**

**Case # 198536**

Mr. Gee was not present at the board meeting. The board considered the agency subordinate's recommendation to place certain terms and conditions on Mr. Gee's certificate to practice substance abuse in the Commonwealth of Virginia.

**DECISION:**

Ms. Tracy moved that the Board of Counseling accept the recommended decisions of the agency subordinate as presented. The motion was seconded by Ms. Stransky and passed unanimously by a roll call.

**VIRGINIA BOARD OF COUNSELING**
**REGULATORY COMMITTEE MEETING**
**DRAFT**
**Friday, May 14, 2021**

| | |
|---|---|
| **TIME AND PLACE:** | Consistent with Amendment 28 to HB29 (the Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the Freedom of Information Act, the Committee convened the meeting virtually to consider such regulatory and business matters as are presented on the agenda necessary for the committee to discharge its lawful purposes, duties, and responsibilities. |
| **PRESIDING:** | Holly Tracy, LPC, LMFT, Chairperson |
| **COMMITTEE MEMBERS PRESENT:** | Johnston Brendel, Ed.D, LPC, LMFT<br>Kevin Doyle, Ed.D, LPC, LSATP<br>Vivian Sanchez-Jones, Citizen Member<br>Terry Tinsley, PhD, LPC, LMFT, CSOTP |
| **STAFF PRESENT:** | Sandie Cotman, Licensing Specialist<br>Jaime Hoyle, JD, Executive Director<br>Jennifer Lang, Deputy Executive Director<br>Charlotte Lenart, Deputy Executive Director-Licensing<br>Sharniece Vaughan, Licensing Specialist<br>Elaine Yeatts, DHP Senior Policy Analyst |
| **ADOPTION OF AGENDA:** | Agenda was adopted as presented. |
| **APPROVAL OF MINUTES:** | With no requested changes the minutes from the January 22, 2021 Regulatory Meeting passed unanimously. |
| **PUBLIC COMMENT:** | There were no public comments. |
| **PRESENTATION:** | Dr. LoriAnn Stretch providing a PowerPoint presentation on her recommendations for telehealth regulatory and guidance document amendments.<br><br>After a question and answer session, the Committee shared their appreciation to Dr. Stretch.<br><br>Dr. Doyle suggested that the Board provide suggestions for best practices in a newsletter and a virtual summit.<br><br>The Committee discussed the movement toward Artificial Intelligence (AI) and the need for the Board to be prepared for this type of technology. Ms. Yeatts suggested that this issue be taken to the Department of Health Profession Board. Dr. Doyle, as the representative for the Board of Health Professions, and Ms. Hoyle will submit a letter with the Committee's request. |

Dr. Brendel stated that this is the appropriate time to initiate immediate guidance through a newsletter, and during the interim the Board can update the guidance document on telehealth and for the long range propose changes to the regulations. Ms. Hoyle reminded the Committee that the guidance document purpose is it explain the Regulations.

Staff will take the suggestions outlined in Dr. Stretch's report and create a draft guidance document by updating the language and tying the recommendations back to regulations. Once completed, staff will present to draft to the Attorney General Office for their feedback and present the draft at the next Regulatory Committee meeting.

Ms. Yeatts suggested that perhaps the Board should invite the other Behavioral Science Boards to review the draft to in order for all three Board to come up consistent guidance on providing telehealth services.

**COUNSELING COMPACT:**

Dr. Brendel would like the Board to consider being one of the first ten states to initial rulemaking so that Virginia can be a member of the compact commission. Dr. Doyle stated that one state has passed counseling compact legislation and four states are currently pursing changes to their legislation. The Committee discussed the objections and pushback in reference to the required education wording. The frustration in the field and the momentum for ease of portability appears to be overweighing the objections in the degree/coursework requirements.

Ms. Yeatts suggested that the Board wait to review the rules that will be established by the commissions before making a decision to initial rulemaking to join the compact. Dr. Doyle agreed that Ms. Yeatts suggestion is valid.

**LEGISTLATIVE AND REGULATORY ACTIONS:**

Ms. Yeatts discussed the Board's current regulatory actions.

18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Unprofessional conduct-conversion therapy (Action 5225); Final – At Governor's Office for 24 days

18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Periodic review (action 5230); Proposed - At Governor's Office for 158 days

18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Resident license (action 5371);
Final – Effective 6/23/2021

18VAC 115-40 Regulations Governing the Certification of Rehabilitation Providers - Periodic review (Action 5305);
Final – At Governor's Office for 24 days

18VAC 115-90 Regulations Governing the Licensure of Art Therapists (under development) – NOIRA – Register Date: 3/1/2021, Comment ended: 3/31/2021

Ms. Yeatts discussed the Art Therapy Advisory Board's role and the recent Art Therapy Advisory Board meeting. Ms. Yeatts stated that there was no consensus on proposed regulatory language. The Advisory Board will meet again and will present the propose Regulations at the next Committee meeting.

**NEW BUSINESS:**

**Definition of Human Service Degree**

The Committee discussed the QMHP reviews and the need for a human services definition that outlines the elements of a human service. Having a human services definition would better inform the applicant and help support the consistency of the reviews.

After much discussion, the Committee stated that it is apparent by the types of disciplinary files that they review that there is a need for additional training and education. The Board's mission is to protect the public and the Committee felt that the review of the coursework needed to be more restrictive to ensure that applicants have the minimum education and training in order to provide services to the most vulnerable population.

Staff will research different organizations that may define human services to provide a draft to the Committee at the next meeting. Ms. Hoyle suggested that we might want to initiate additional training requirements prior to providing services to try to prevent future disciplinary issues.

Ms. Lenart indicated that the Board continues to see applicants that are registering for QMHP-C and QMHP-A without registering for the QMHP-Trainee registration when employed at a DBHDS licensed facility. Staff continues to try to education applicants and supervisor on the registration requirement. Staff will discuss this issue with DBHDS and DMAS to see if all three Agencies can work together to education applicants and Agencies on the requirements.

Ms. Lang suggest that maybe in the future the Board consider requiring ethics training prior to being approved for registration.

The Committee discussed the acceptance of Sociology degrees until May 31, 2021. The Board agreed that the applicant must submit an application prior to May 31, 2021 in order for the degree to be accepted as a human service degree toward QMHP-C registration.

**Code Change for Agency Subordinate Authority to Conduct Credential Reviews**

Ms. Hoyle and Ms. Lang discussed the possible need for a change in the Code to allow Agency Subordinate to conduct credential

reviews to help streamline the process. Ms. Lang gave information on the role of the Agency Subordinate and Informal Conference Committee.

Ms. Lang will take this issue to both the Board of Psychology and Board of Social Work for their thoughts. Ms. Yeatts indicated that potential change would affect all Boards within the Agency.

**NEXT SCHEDULED MEETING:** The next Committee meeting is scheduled for August 6, 2021 at 10:00 a.m.

**ADJOURNMENT:** The meeting adjourned at 12:25 p.m.

Holly Tracy, LPC, LMFT
Chairperson

Date

Jaime Hoyle, JD
Executive Director

Date

# Chairperson's Report: Quarterly Accomplishments

**05/07/2021 – 07/28/2021**

| Board Member/ Meeting Attendance | Case Reviews | Board Service, Committees, etc. |
|---|---|---|
| **Alvarez, Barry, LMFT**<br>05/21/21 (Board Meeting) | • 2 probable cause reviews | • Ad Hoc Committee (Telehealth)<br>**Reappointed to 2nd term** |
| **Brendel, Johnston, Ed.D., LPC, LMFT**<br>05/14/21 (Regulatory Committee Mtg)<br>05/21/21 (Board Meeting) | • 3 probable cause reviews<br>• Credentials reviews | • Board Chairperson<br>• Regulatory Committee member<br>• Credentials Committee member |
| **Charlton, Angela, Ph.D., LPC** | | **Appointed to 1st term beginning 07/01/21** |
| **Doyle, Kevin, Ed.D., LPC, LSATP**<br>05/13/21 (Board of Health Professions)<br>05/14/21 (Regulatory Committee Mtg)<br>05/21/21 (Board Meeting) | • 1 probable cause review | • Regulatory Committee<br>• Board of Health Professions – Board Member<br>**Term expired 06/30/2021** |
| **Engelken, Jane, LPC, LSATP** | | **Term expired 06/30/2021** |
| **Harris, Natalie, LPC, LMFT**<br>05/21/21 (Board Meeting) | | • Special Conference Committee (Alternate)<br>**Reappointed to 2nd term** |
| **Hunt, Danielle, LPC**<br>05/21/21 (Board Meeting)<br>06/25/21 (Informal Conferences) | • 5 probable cause reviews<br>• 2 IFC case reviews | • Board Vice-Chairperson<br>• Special Conference Committee-A Chairperson<br>• Ad Hoc Committee (Teleheath) |
| **Jackson, Bev-Freda, PhD, MA, Citizen Member**<br>05/21/21 (Board Meeting) | n/a | • Special Conference Committee-B |
| **Lawson, Gerard, Ph.D., LPC, LSATP** | | **Appointed to 1st term beginning 07/01/21** |
| **Sanchez-Jones, Vivian, Citizen Member**<br>05/14/21 (Regulatory Committee Mtg)<br>05/21/21 (Board Meeting) | n/a | |
| **Stransky, Maria, LPC, CSAC, CSOTP**<br>05/21/21 (Board Meeting)<br>06/25/21 (Informal Conferences) | • 12 probable cause reviews<br>• 2 IFC case reviews | • Special Conference Committee-A<br>**Reappointed to 2nd term** |
| **Tinsley, Terry, Ph.D., LPC, LMFT, CSOTP**<br>05/14/21 (Regulatory Committee Mtg)<br>05/21/21 (Board Meeting) | • 6 probable cause reviews | • Regulatory Committee<br>• Special Conference Committee-B Chairperson<br>• Ad Hoc Committee (Telehealth) Chairperson |
| **Tracy, Holly, LPC, LMFT**<br>05/14/21 (Regulatory Committee Mtg)<br>05/21/21 (Board Meeting) | | • Regulatory Committee Chairperson<br>• Special Conference Committee (Alternate) |
| **Yancey, Tiffinee, Ph.D., LPC**<br>05/21/21 (Board Meeting) | | • Special Conference Committee (Alternate)<br>• Ad Hoc Committee (Telehealth)<br>**Reappointed to 2nd term** |

**Agenda Item:** **Regulatory Actions - Chart of Regulatory Actions**
**As of August 10, 2021**

**Board of Counseling**

| Chapter | | Action / Stage Information |
|---|---|---|
| [18 VAC 115 - 20] | Regulations Governing the Practice of Professional Counseling | Periodic review [Action 5230]<br>Proposed - *At Governor's Office for 245 days* |
| [18 VAC 115 - 20] | Regulations Governing the Practice of Professional Counseling | Unprofessional conduct - conversion therapy [Action 5225]<br>Final - *Register Date: 7/19/21 Effective: 8/18/21* |
| [18 VAC 115 - 30] | Regulations Governing the Certification of Substance Abuse Counselors | Clarification on independent practice [Action 5692]<br>Fast-Track - *At Secretary's Office for 130 days* |
| [18 VAC 115 - 40] | Regulations Governing the Certification of Rehabilitation Providers | Periodic review [Action 5305]<br>Final - *Register Date: 8/30/21 Effective: 7/29/21* |
| [18 VAC 115 - 90] | Regulations Governing the Practice of Art Therapy (under development) | New chapter for licensure [Action 5656]<br>NOIRA - *Register Date: 3/1/21* |

**Agenda Item: Response to Petition for Rulemaking**

**Included in your agenda package are:**

1) A copy of the petition received from Jennifer Stolpe requesting education requirements for LSATP by endorsement be reduced to 36 hours if all class hours were focused on addiction counseling

Comment period closed 8/4/21 – there were no comments

Section of regulation

**Board action on petition:**

To initiate rulemaking by adoption of a Notice of Intended Regulatory Action; or

To reject the petitioner's request *(The Board will need to discuss or state its reasons for denial).*

Virginia Department of
Health Professions
Board of Counseling

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/counseling

Email: coun@dhp.virginia.gov
(804) 367-4610 (Tel)
(804) 767-6225 (Fax)

# Petition for Rule-making

*The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.*

**Please provide the information requested below. (Print or Type)**

Petitioner's full name (Last, First, Middle initial, Suffix,)
Stolpe, Jennifer

| Street Address | Area Code and Telephone Number |
|---|---|
| 7922 Shore Drive Unit 205 | 516-330-0120 |

| City | State | Zip Code: |
|---|---|---|
| Norfolk | Virginia | 2 3 5 1 8 |

Email Address (optional)
Jennifer.stolpe@aol.com

**Respond to the following questions:**

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

18VAC115-60-50 of the Regulations Governing the Practice of Licensed Substance Abuse Practitioners ( " Regulations " ). The degree program and coursework requirements prescribed in 18VAC115-60-60 and18VAC115-60-70.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

I am requesting an amendment to the education requirement since my degree is solely in Addiction Counseling. Most degrees are counseling with an addiction track, which only covers a handful of classes. My degree is 36 class hours all focused on Addiction Counseling. This degree along with my years of experience have qualified me to be licensed as an addictions counselor in another state. As a military spouse it has been difficult to go from state to state when licensing boards won't allow licensure to transfer.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

**Signature:** 

**Date:** June 1, 2021

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Secretariat Health and Human Resources

Agency Department of Health Professions

Board Board of Counseling

Edit Petition

Petition 346

| Petition Information | |
|---|---|
| **Petition Title** | Reduce required class hours for addiction counseling |
| **Date Filed** | 6/7/2021 [Transmittal Sheet] |
| **Petitioner** | Jennifer Stolpe |
| **Petitioner's Request** | To amend the education requirement for licensure by endorsement to require only 36 class hours if all class hours were focused on Addiction Counseling. |
| **Agency's Plan** | The petition will be posted on Townhall and published in the Register of Regulations on July 5, 2021 with comment requested until August 4, 2021.<br>The petition and all comments received will be considered at the first meeting of the Regulatory Committee scheduled on August 6, 2021. The Board will receive a recommendation from the Committee and decide whether to initiate rulemaking at its meeting on August 20, 2021. |
| **Comment Period** | Ended 8/4/2021<br>0 comments |
| **Agency Decision** | Pending |

| Contact Information | |
|---|---|
| **Name / Title:** | Jaime Hoyle / *Executive Director* |
| **Address:** | 9960 Mayland Drive<br>Suite 300<br>Richmond, 23233 |
| **Email Address:** | jaime.hoyle@dhp.virginia.gov |
| **Telephone:** | (804)367-4406 FAX: (804)527-4435 TDD: ()- |

*This petition was created by Rebecca Schultz on 06/04/2021 at 10:00am*
*This petition was last modified by Rebecca Schultz on 06/04/2021 at 10:00am*

# 18VAC115-60-50. Prerequisites for licensure by endorsement.

Every applicant for licensure by endorsement shall submit:

1. A completed application;

2. The application processing and initial licensure fee as prescribed in 18VAC115-60-20;

3. Verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved disciplinary action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

4. Further documentation of one of the following:

a. A current substance abuse treatment license in good standing in another jurisdiction obtained by meeting requirements substantially equivalent to those set forth in this chapter;

b. A mental health license in good standing in a category acceptable to the board that required completion of a master's degree in mental health to include 60 graduate semester hours in mental health as documented by an official transcript; and

(1) Board-recognized national certification in substance abuse treatment;

(2) If the master's degree was in substance abuse treatment, two years of post-licensure experience in providing substance abuse treatment;

(3) If the master's degree was not in substance abuse treatment, five years of post-licensure experience in substance abuse treatment plus 12 credit hours of didactic training in the substance abuse treatment competencies set forth in 18VAC115-60-70 C as documented by an official transcript; or

(4) Current substance abuse counselor certification in Virginia in good standing or a Virginia substance abuse treatment specialty licensure designation with two years of post-licensure or certification substance abuse treatment experience; or

c. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials and evidence of post-licensure clinical practice for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical substance abuse treatment services or clinical supervision of such services;

5. Verification of a passing score on a substance abuse licensure examination as established by the jurisdiction in which licensure was obtained. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor within the Commonwealth of Virginia;

6. An affidavit of having read and understood the regulations and laws governing the practice of substance abuse treatment in Virginia; and

7. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 7, eff. January 19, 2000; amended, Virginia Register Volume 17, Issue 18, eff. June 20, 2001; Volume 24, Issue 24, eff. September 3, 2008; Volume 25, Issue 20, eff. July 23, 2009; Volume 26, Issue 1, eff. October 14, 2009; Volume 32, Issue 24, eff. August 24, 2016; Volume 34, Issue 6, eff. December 28, 2017.

**Agenda Item: Response to Petition for Rulemaking**

**Included in your agenda package are:**

1) A copy of the petition received from Dawne Sherman requesting all face-to-face client contact hours in a graduate internship in excess of 240 be allowed to count towards the 2,000 total in the residency

Comment period closed 5/12/21 – there were 16 comments

Section of regulation

**Board action on petition:**

To initiate rulemaking by adoption of a Notice of Intended Regulatory Action; or

To reject the petitioner's request *(The Board will need to discuss or state its reasons for denial).*

# COMMONWEALTH OF VIRGINIA
# Board of Counseling

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4610 (Tel)
(804) 527-4435(Fax)

## Petition for Rule-making

*The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.*

**Please provide the information requested below. (Print or Type)**

| Petitioner's full name (Last, First, Middle Initial, Suffix,) | | |
|---|---|---|
| Sherman, Dawne G. | | |
| Street Address<br>11851 Monument Drive, Apt. 360 | Area Code and Telephone Number<br>703-678-8734 | |
| City<br>Fairfax | State<br>VA | Zip Code<br>22030 |
| Email Address (optional)<br>dawne.sherman@gmail.com | Fax (optional) | |

**Respond to the following questions:**

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

**18VAC115-20-51. Coursework requirements.**

A13. Supervised internship of at least 600 hours to include 240 hours of face-to-face client contact. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours.

**18VAC115-20-52. Residency requirements. Section B. Residency requirements.**

5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.

6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49 may count for up to an additional 300 hours towards the requirements of a residency.

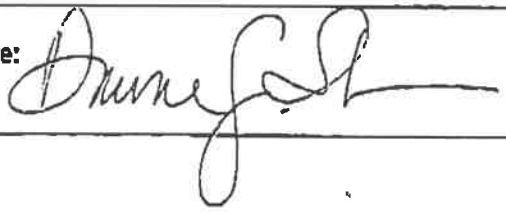
2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.
**Summary of proposed change:** I propose that <u>all</u> face-to-face client contact hours (aka direct client contact hours) accrued during the supervised graduate internship *in excess of the minimum required 240 direct client contact hours* specified in 18VAC115-20-51.A13, be allowed to count towards the 2000 total required direct client contact hours specified in 18VAC115-20-52.5 and 18VAC115-20-52.6.

Currently, the regulations do not explicitly state how face-to-face client contact hours acquired during the supervised graduate internship are applied towards the 2000 total direct client contact hours required for the residency. I propose that explicit language be added to clarify how these hours are applied.

**Rationale:** This proposal is a direct reflection of how hours are already calculated outside of the graduate internship experience: total hours and total hours of direct client contact.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is <u>other</u> legal authority for promulgation of a regulation, please provide that Code reference.

Authority per Code of Virginia § 54.1-2400.1

**Signature:** 

**Date:** 3-19-21

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Secretariat Health and Human Resources

Agency Department of Health Professions

Board Board of Counseling

Edit Petition

Petition 341

| Petition Information | |
|---|---|
| **Petition Title** | Credit for client contact hours during internship in counseling |
| **Date Filed** | 3/24/2021 [Transmittal Sheet] |
| **Petitioner** | Dawne Sherman |
| **Petitioner's Request** | To allow all face-to-face client contact hours accrued during the supervised graduate internship in excess of the minimum required 240 direct client hours to be counted towards the 2000 total required direct client contact hours required for residency. |
| **Agency's Plan** | The petition will be posted on Townhall and published in the Register of Regulations on April 12, 2021 with comment requested until May 12, 2021. The petition and all comments received will be considered at the first meeting of the Regulatory Committee scheduled after the comment period on August 6, 2021. The Board will receive a recommendation from the Committee and decide whether to initiate rulemaking at its meeting on August 20, 2021. |
| **Comment Period** | Ended 5/12/2021<br>**15 comments** |
| **Agency Decision** | Pending |

| Contact Information | |
|---|---|
| **Name / Title:** | Jaime Hoyle / *Executive Director* |
| **Address:** | 9960 Mayland Drive<br>Suite 300<br>Richmond, 23233 |
| **Email Address:** | jaime.hoyle@dhp.virginia.gov |
| **Telephone:** | (804)367-4406 FAX: (804)527-4435 TDD: ()- |

*This petition was created by Elaine J. Yeatts on 03/24/2021 at 8:24am*
*This petition was last modified by Elaine J. Yeatts on 03/24/2021 at 8:25am*

Virginia.gov Agencies | Governor


Export to PDF Export to Excel

Agency Department of Health Professions

Board Board of Counseling

Chapter

## Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]

15 comments

**All good comments for this forum** Show Only Flagged

Back to List of Comments

**Commenter:** Sharon L. Payne LCSW CSAC 4/12/21 4:04 pm

**Internship experience and client contact hours for licensure/certification are different**

As a retired social work educator and practicing clinician I have clear ideas about the intended goal of the educational experience for persons preparing for human service professions and the goal of supervised practice toward licensure/certification.

As preparation for practice, human service professionals of any discipline successfully complete an academic program, overseen by each professional's certifying organization which is designed to provide students with a background in the history of the discipline, the context and systems in which services are provided, the systems impacting potential clients, their unique qualities, strengths, and challenges along with a theoretical understanding of helping within that discipline. Students focus on learning all aspects of service provision from engagement to intervention to termination utilizing one or more theories. Internship in the academic program challenges the student to integrate the didactic learning with the applied skills required to successfully meet their learning goals. Students work each week toward the development of and improvement in learning objectives toward their goals. Learning in internship, as in any learning environment is uneven. Confidence builds slowly as well. Internship, at its most successful prepares the student to begin to engage consumers under supervision beyond the shadowing or close supervision of internship.

Internship's goals are educational and developmental. They are not synonymous with practice, even beginning practice. Any blurring of the boundary of education and practice shortchanges not only the student's opportunity to learn but most especially the clients served. For this reason I would not suggest internship hours be credited toward contact hours for licensure or certification.

CommentID: 97702

**Commenter:** Cynthia Hites 4/22/21 8:12 pm

**I support this petition**

I support this petition

CommentID: 97727

5/3/21 10:05 am

**Commenter:** Dr. Faith James

**Support**

I whole heartedly support this petition

Dr. James

CommentID: 97806

**Commenter:** Linda G. Ritchie 5/3/21 10:21 am

**I support this.**

I support this and believe it to be very reasonable and logical.

CommentID: 97807

**Commenter:** Gerard Lawson 5/3/21 10:39 am

**Opposed to this Petition**

I have mixed feelings on this petition. I am concerned that it blurs the lines between graduate training and the Temporary Licensure (Residency) period. That temporary license period is incredibly important to assess a counselor's ability to practice independently. That cannot be confused with internship hours, which serve a similar but different purpose of assessing the minimum competencies for beginning supervised practice. However, the Residency requirements that address the additional hours which may be brought in from CACREP accredited programs could use some additional clarity (18VAC115-20-52.B.6).

Virginia requires 3400 hours of supervised experience to be completed during the residency, and 2000 of those hours must be face-to-face with clients. This roughly maintains the typical 40% "Direct Services" standard that is required of CACREP accredited programs (2000 hours represents 58.8% of the total 3,400). The merit I see in the petition is to clarify the regs to allow that the additional 300 hours which can be earned within a CACREP accredited program, may bring in up to 120 Direct hours within those 300 hours (again 40%) applied toward the residency.

Anything more than that becomes exceedingly problematic. 3,400 hours represents 85 weeks of full-time work. That means that a supervisor has a total of seven quarterly reports to complete within the residency period to assess whether a resident is sufficiently skilled to become an independent practitioner, and fully licensed counselor. The additional 300 allowed within CACREP programs means we are down to six quarterly evals, to assess a great deal of knowledge, skills, and abilities, most notably the ability to uphold the legal and ethical requirements for client care.

Because the petition suggests lifting the ratio entirely, with no upper limit, the ability of supervisors to adequately assess counselors skills would be impaired, and I cannot support that. If, however, the Board wanted to use this opportunity to clarify the requirements of 18VAC115-20-52.B.6 to allow 120 of those hours to count as direct hours, I believe that clarity would be beneficial.

CommentID: 97808

**Commenter:** Tina Marie Harris / Battlefield Counseling Centers 5/3/21 7:57 pm

**I am in support of this.**

I am in support of this.

Marie Harris, MS, LMHP-R

CommentID: 97845

**Commenter:** Brian McMahon, VCU 5/4/21 11:16 am

**Contact Hours During Internship**

A small but totally positive step toward modernization of our licensing standards

CommentID: 97873

**Commenter:** Courtney Holmes VCU 5/4/21 11:24 am

**support**

I support this petition.

Students often receive the most supervisory oversight during their master's level internships with both a site and campus supervisor. Increasing the number of hours they can accrue toward residency during this time period would be beneficial on a number of levels. First, students would be able to get credit for direct hours they are accruing in their master's programs. More often than not, counseling interns are not paid. This can be very difficult for students, particularly when we consider diversity, equity, and inclusion factors surrounding barriers for students to enter and complete 60 hour master's programs. Allowing for additional hours to count toward licensure certainly does not make up for the fact our interns work without pay, but it does offer some long term payback for their time. Also, since master's-level internships are highly supervised, these additional hours would be completed while the student has multiple levels of oversight which would potentially increase the amount of feedback and guidance provided on these additional interactions.

Second, Virginia has a very rigorous residency process. Allowing for a minor adjustment to the hours required after licensure would not lessen the rigor of this process. (240 out of 2000 total hours is about 12%). Conversely, it has the potential to support young/new professionals in achieving a very important career milestone sooner. This seems like a decision that would really benefit young/new professionals from an equity standpoint. Licensure has been linked to higher salaries and a broader range of career options (including being able to supervise).
If gatekeeping and remediation are necessary for a resident, I would argue that this policy should not impact the ability for a supervisor or agency to intervene with a resident prior to the completion of the hours.
CommentID: 97874

**Commenter:** Christine Reid 5/4/21 5:08 pm

**Support the petition**

As a counselor educator who understands the rigorousness and extensiveness of supervision provided to counseling interns as part of their master's degree programs, I support this petition. As mandated by our accrediting body (CACREP, and previously CORE), counseling interns receive both weekly individual supervision and group supervision, provided by both faculty members and on-site clinical supervisors. Students in such accredited programs are monitored for professional competencies. Those who do not demonstrate those competencies engage in remediation/development plans, designed to improve the necessary competencies. If those remediation/development plans are not successful, the students are not allowed to progress through the internship process, and will be removed from the program. This gatekeeping function

ensures that students who complete an internship and graduate from an accredited program demonstrate the required competencies, and have satisfactorily completed extensively supervised internship experiences. Those supervised experiences should count toward the supervised experience requirement for the Licensed Professional Counselor credential in Virginia.

This slight reduction in the number of additional supervised counseling hours would have a very positive benefit for people in the Commonwealth of Virginia, because it would reduce a barrier to providing more qualified counseling practitioners into the workforce at a time when they are desperately needed. The sooner we can increase the number of appropriately qualified LPCs to address the needs of Virginians, the better.

CommentID: 97898

**Commenter:** Elizabeth Van Gorder 5/4/21 6:47 pm

**Support Petition**

This slight reduction in the number of additional supervised counseling hours would have a positive benefit on people in Virginia, both counselors and clients alike. The sooner we can increase the number of appropriately qualified LPCs to address the needs of Virginians, the better. Especially in this time of increasing demand.

CommentID: 97903

**Commenter:** Dr. Lenese N. Stephens, LPC 5/5/21 5:26 am

**I support this petition**

I support this petition whole heartedly! Please let's ensure this comes to fruition.

CommentID: 97920

**Commenter:** Cinda G. Caiella, LMFT 5/6/21 8:26 am

**Mixed response**

Allowing more of the internship direct hours to count towards licensure has some merit. I would be opposed to counting "all" hours. Internship hours are different from supervised practice hours, and oversight/supervision is of a different quality. I agree with the analysis from Dr. Lawson and support further discussion. I oppose this petition at this point.

CommentID: 97960

**Commenter:** Sharon Watson, LPC, LMFT, LSATP, NCC, ACS 5/12/21 12:10 am

**I Support This Petition**

I'm not sure everyone who commented read the entire petition, so I'm copying it here: "To allow all face-to-face client contact hours accrued during the supervised graduate internship in excess of the minimum required 240 direct client hours to be counted towards the 2000 total required direct client contact hours required for residency."

The petition states "IN EXCESS" of 240 direct client hours. That seems entirely reasonable given that the Virginia Board of Counseling decided several years ago to reduce the total number of work hours required for licensure from 4,000 to 3,400 which I expect was to accept the 600 hours of an internship as an acceptable equivalent in a residency. In addition to that, the regulations state "A

graduate-level internship in excess of 600 hours...may count for up to an additional 300 hours towards the requirements of a residency" which would reduce the total hours required to only 3,100 hours.

In addition, the regulations state that up to 20 hours of supervision during an internship, if provided by an LPC can count towards the 200 hours of supervision required for licensure.

So, if internship work hours and internship supervision hours are considered acceptable towards licensure, why shouldn't direct client contact hours also be acceptable? In fact, why shouldn't all the hours of client contact in an internship be acceptable? I believe they should.

I would also like to point out something that everyone may not be aware of: both Boards (social work and counseling) require 60 graduate credits for licensure; however, social workers are only required to have 100 hours of supervision over 3000 hours of total work and 1,380 hours of direct client hours; and lastly, LCSW supervisors are required to only have 14 hours of Clinical Supervision Training, whereas LPC supervisors are required to have 20 hours of training. Considering the fact that the licensure requirements for social workers are significantly less than for counselors, allowing some of the client contact hours in an internship would still mean counselors have more residency hours in every category than social workers. So, I disagree with what another commenter suggested, that accepting these hours as "blurring the boundary of education and practice." I believe it would have only a minor impact on the residency process.

Therefore, I support this petition.

CommentID: 98399

**Commenter:** Anne McKay LPC Supervisor 5/12/21 7:06 am

**Support for Petition #341**

Good morning. I would like to post my support for the above petition #341 *. As a LPC supervisor counseling residents this is an important change that should be supported and passed. The recent pandemic crisis highlights the Nations ongoing and urgent demand for more counselors to help those in mental health need. Thank you

Anne McKay LPC NCC CCMHC - Clinical Supervior

* Credit for client contact hours during internship in counseling" which states "To allow all face-to-face client contact hours accrued during the supervised graduate internship in excess of the minimum required 240 direct client hours to be counted towards the 2000 total required direct client contact hours required for residency.

CommentID: 98403

**Commenter:** Lori Rogers 5/12/21 5:30 pm

**I support this petition.**

It is exceedingly difficult for a student to accumulate their needed hours during the pandemic and the addition of intern hours would allow more counselors, to get into the trenches earlier. They would eventually get to their 2,000 hours, but given the mental health crisis, should they be held back?

CommentID: 98479

-------- Forwarded message ---------
From: **Lauren Harcourt** <LaurenKHarcourt@outlook.com>
Date: Wed, Mar 24, 2021 at 11:00 PM
Subject: Re: Regulatory Activity
To: melanie.west@dpb.virginia.gov <melanie.west@dpb.virginia.gov>

Hello Melanie,

Just making a comment about the proposed regulation below. I don't understand the necessity of it as all hours in excess of the required face to face time are already allowed, as long as they were supervised by an LPC. Is this proposing that all hours be allowed without regard to who the supervisor was? If so, that might be helpful I found the supervision I received from an LCSW during my internship valuable. However, I do believe each intern should have the perspective of an LPC. I had two supervisors, one was an LPC

Thank you,
Lauren K Harcourt, LPC

2. The election of officers shall occur at the first scheduled Board meeting following July 1 of each odd year, and elected officers shall assume their duties at the end of the meeting.
    a. Officers shall be elected at a meeting of the Board with a quorum present.

    b. The Chairperson shall ask for nominations from the floor by office.

    c. Voting shall be by voice unless otherwise decided by a vote of the members present. The results shall be recorded in the minutes.

    d. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.

    e. Special elections to fill an unexpired term shall be held in the event of a vacancy of an officer at the subsequent Board meeting following the occurrence of an office being vacated.

    f. The election shall occur in the following order: Chairperson, Vice-Chairperson.

**E. Meetings**

1. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.

2. Order of Business at Meetings:
    a. Adoption of Agenda

    b. Period of Public Comment

    c. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board.

    d. Reports of Officers and staff

    e. Reports of Committees

    f. Election of Officers (as needed)

    g. Unfinished Business

    h. New Business

3. The order of business may be changed at any meeting by a majority vote.

# State of Telehealth in the U.S.

Presented by

Dr. LoriAnn Stretch, LCMHC-S (NC), LPC (VA), ACS, NCC, BC-TMP

Paragon Counseling & Consulting, PLLC

to the

Virginia Board of Counseling

Regulatory Committee – May 14, 2021

Full Board – May 21, 2021

Correspondence concerning this report should be addressed to LoriAnn Stretch, Paragon Counseling & Consulting, PLLC, 4601 Noland Blvd., Williamsburg, VA 23188. Email: LStretchLPC@gmail.com.

## Executive Summary

At the request of the Virginia Board of Counseling, a review of national telemental health guidelines, ethical standards, legal regulations, and best practices for the purpose of developing recommendations for a revised practice guidance document for licensees under the Board of Counseling was conducted. A brief history of telehealth, definitions, the methods of review, a summary of the findings, and recommendations to the Board of Counseling have been provided in this report. Fourteen key standards of telehealth were identified through this comprehensive review and recommendations for each are provided. The key standards are

1. Appropriate Intake and Screening
2. Informed consent
3. Disclosures
4. Counseling Relationship/Boundaries
5. Client Verification
6. Confidentiality
7. Standards of Care
8. Scope of Practice
9. Documentation
10. Virtual Presence
11. Training and Competence
12. Current Technology
13. Professionalism
14. Multiculturalism

## State of Telehealth in the U.S.

### History

While an emerging modality in mental health, technology has been used for medical services for at least a couple of centuries. In 1879, the *Lancet* published an article about the impact telephones could have on improving medical access (Aronson, 1977). During the mid-1950s, Drs. Cecil Wittson and Reba Benschoter at the University of Nebraska pioneered several telemedicine innovations, including two-way closed-circuit television systems (Schleicher, 2015). In the 1950s, Dr. Carl Rogers began his pioneering work with using telephone and television technologies to counsel clients and train and supervise counselors-in-training. In fact, he has been referred to as the Father of Telebehavioral Health or Telepsychiatry (Stretch, 2020). The American Telemedicine Association formed in 1993, and California had the first telemedicine law in 1996 (Stretch, 2021). Two federal agencies are leaders in the utilization of telehealth. The National Aeronautics and Space Administration (NASA, 2020) began using telehealth in the 1950s and a project with Russia resulted in the first recorded medical use of the Internet. The Veterans Administration (2020) implemented telehealth in the 1960s and has consistently been on the forefront of telehealth development.

With the development of the Internet in the 1990s, telehealth exploded, and regulatory boards began to realize the need for regulations to protect the public. However, progress was slow to keep up with the demand for telehealth and the changes in technology. Everything changed with the onset of the COVID-19 public health emergency in March 2020. In July 2020, Health and Human Services noted that less than one percent (0.1%) of primary care visits in February 2020 were via telehealth as compared to over forty percent (43.5%) in April 2020. The

COVID-19 public health emergency has expedited the acceptance and utilization of telehealth by lawmakers, health professionals, and clients (HHS, 2020), as well as the need for clear and consistent regulations to protect the public.

Resource: https://www.genpsych.com/post/an-illustrated-history-of-telemedicine-from-1879-to-the-future

**Definitions**

In an initial review of current telehealth and telemedicine laws and regulations in the U.S., thirty-eight different definitions of telehealth emerged. In addition, the jurisdictions utilized eight different terms, including telehealth services, telehealth, teletherapy, technology-assisted counseling, telemedicine, distance counseling, distance professional services, and telepractice. The most common terms were "telehealth" and "telemedicine," with telehealth referring to behavioral or non-medical services and telemedicine referring to medical services. For the purpose of this review, telehealth services "means the use of telecommunications and information technology to provide access to health assessments, diagnosis, intervention, consultation, supervision, and information across distance. 'Telehealth services' includes the use of such technologies as telephones, facsimile machines, electronic mail systems, store-and-forward technologies, and remote patient monitoring devices that are used to collect and transmit patient data for monitoring and interpretation" (Virginia's Legislative Information System, 2020).

## Method

This review focused on four primary sources of telehealth policy: codes of ethics, regulatory board guidance documents, regulations, and laws. The review had five phases. The first phase consisted of a comprehensive review of seven behavioral health codes of ethics and two sets of telehealth guidelines from professional associations, including the following:

- American Association for Marriage and Family Therapy (AAMFT, 2015)
- American Counseling Association (2014)
- American Mental Health Counselors Association (AMHCA, 2020)
- American Psychological Association (2013, 2017)
- Association of Social Work Boards (2014)
- NAADAC and NCC AP (2016)
- National Association of Social Workers (2017)
- National Board for Certified Counselors (2012)

Fourteen course standards (see Table 1) emerged from the ethical review and will be the core areas addressed in the results. Appendix A - Key Standards by Ethical Code/Professional Telehealth Guidelines cross references the ethical codes and professional telehealth guidelines with the key standards listed in Table 1.

Table 1 – Key Practice Standards of Telehealth

| | |
|---|---|
| 1. Appropriate Intake and Screening | 2. Scope of Practice |
| 3. Informed Consent | 4. Documentation |
| 5. Disclosures | 6. Virtual Presence |
| 7. Counseling Relationship/Boundaries | 8. Training and Competence |
| 9. Client Verification | 10. Current Technology |
| 11. Confidentiality | 12. Professionalism |
| 13. Standards of Care | 14. Multiculturalism |

The second phase assessed fifteen (15) regulatory board guidelines, thirty-four (36) administrative codes, thirty-three (35) legal statutes, and two (2) executive orders from all fifty states and the District of Columbia. Appendix B – Key Standards by State provides a snapshot of the state of telemental health law across the U.S. The third phase reviewed the websites of the regulatory boards with responsibility for oversight of professional counseling for any information related to telehealth. The fourth phase examined four telehealth related databases: Aleldade (2020), the Center for Connected Health Policy (2021), Telehealth Certification Institute (2021), and Epstein Becker Green (2020). The final step of the review was a search of Google Scholar, ERIC, and PubMed for telehealth articles from 2017 to current day utilizing the following keywords: telehealth, history of telehealth, telehealth + law, telehealth + legal, and technolog* + counsel*. The goal of the article search was to identify any additional regulatory guidance or mention of other professional standards related to telehealth. Since

federal laws are already applicable to providers licensed in the Commonwealth, these were excluded from this review.

## Results

### *Appropriate Intake and Screening*

The ethical codes and professional standards, as well as legal content from sixteen states, highlighted the importance of appropriate intake and screening. Most notably, all professional associations noted the importance of service providers assessing the appropriateness of telehealth for the client based on the client's intellectual, emotional, physical, and linguistic ability to fully utilize the technologies. AMHCA (2020), APA (2013), and ASWB (2015) also required or encouraged an in-person meeting for the initial assessment of fit.

### *Informed Consent*

Thirty-five states require informed consent at the commencement of therapy and/or for the disclosure of client identifying information. Informed consent is the client's acknowledgement of disclosures shared by the counselor and their agreement to engage in a therapeutic relationship via telehealth. Informed consent should be obtained upon the initial contact with the client once the provider has ascertained that the client can provide consent. Each of the ethical codes and professional standards agree that informed consent should be obtained from the client after the client has received the required disclosures regarding telehealth, which will be covered in the next section, and that informed consent is an ongoing process throughout the therapeutic relationship.

***Disclosures***

Twenty-eight states require disclosures specific to telehealth. Similarly, the ethical codes and professional standards identify specific information that providers should disclose so that clients can provide informed consent. These disclosures are specific to telehealth considerations and are in addition to the general disclosures expected in an in-person therapeutic relationship.

- Provider's credentials for both counseling and telehealth, location, and contact information;
- Types of services available;
- Risks, limitations, and benefits of telehealth modality;
- Technology requirements and recommendations (equipment, network, security, etc.);
- Alternate means of communication should technology fail;
- Who else may have access to communications and session content;
- Anticipated response time and preferred mode of communication;
- Limits of and threats to confidentiality;
- Documentation requirements, including retention and destruction;
- Emergency resources local to client and emergency protocol;
- Social media and relationship policy;
- Potential insurance coverage of telehealth sessions (as applicable);
- Time zone differences;
- Verification process for provider and client;
- Prohibition of recording and distributing session content without mutual consent;

- Cultural and linguistic considerations; and
- Licensure portability across state lines and scope of practice requirements.

***Counseling Relationship/Boundaries***

Several aspects of the counseling relationship are unique to telehealth. The client and the provider may have greater access to each other's personal worlds while engaging in telehealth and the boundaries between personal and professional can become blurred in the virtual world. Seven states provide guidance on counseling relationship specific to telehealth. As such, providers should establish clear boundaries in relation to availability, response time, and the nature of the counseling relationship (ACA, 2014; NAADAC, 2016). Providers should address communication challenges in telehealth to reduce the opportunities for misunderstanding (ACA, 2014; ASWB, 2015). Providers should not seek testimonial endorsements from current or past clients (APA, 2017; NASW, 2017).

***Client Verification***

Six of the ethical codes (ACA, 2014; APA, 2013; ASWB, 2015; NASW, 2017; NBCC, 2012; NAADAC, 2016) stressed the importance of verifying a client's identity while engaging in telehealth. Likewise, nineteen states now have requirements related to client verification. Providers should have a written verification policy and procedure in place to ensure all communications are with the client. In addition, the ASWB (2015) noted the importance of verifying the location of the client when engaging in telehealth to verify jurisdiction and in case emergency services are necessary.

### *Confidentiality*

All the ethical codes and professional standards address confidentiality of communication and documentation. About half the states (n=25) have requirements specific to the confidentiality in telehealth. The professional associations note the importance of utilizing technology that adhere to the best practices of security particularly in relation to encryption. In general, providers should take reasonable efforts to protect client information. When a breach occurs, the provider should disclose the nature of the breach and be responsive to rectifying the security issues that resulted in the breach (AMHCA, 2020; ASWB, 2015; NASW, 2017; NAADAC, 2016).

### *Standards of Care*

Twenty-three states require providers utilize current standards of care that are appropriate for the client's treatment while using telehealth. Three professional associations address standards of care for telehealth in their ethical codes (AAMFT, 2015; AMCHA, 2020; APA, 2013). Providers should utilize an evidence-informed approach to telehealth and stay current with best practices for providing mental health services via telehealth. Standards of care also include providing referral for follow-up care and knowing the local crisis/emergency resources local to each client (AMHCA, 2020; APA, 2013).

### *Scope of Practice*

Scope of practice is an area with significant variety across the country. Forty-seven states and the District of Columbia specify licensing requirements for proving telehealth within the boundaries of each state. While some ethical codes, such as AAMFT (2015), simply direct the provider to follow applicable laws, other ethical codes provide more specific guidance.

There are currently four possible ways for determining if a counselor is eligible from a jurisdictional perspective to provide services to a client:

1. Is the counselor licensed where the client is located (AMHCA, 2020; ASWB, 2015)?
2. Is the counselor licensed in both the counselor's location and the client's place of residence (ACA, 2014)?
3. Is the counselor licensed where the client resides (APA, 2013)?
4. Is the counselor licensed in both the counselor's location and where the client is located (NASW, 2017; NBCC, 2012; NAADAC, 2016)?

***Documentation***

Thirty states require some form of documentation related to telehealth. The professional associations agree that the provider should document informed consent in response to the required disclosures. Several ethical codes indicate any communication with a client should be maintained within the client's electronic record. APA (2013) also indicates that the technology used with the client should be documented, and ASWB (2015) requires providers inform clients of their right to examine their records.

***Virtual Presence***

Most ethical codes indicate that providers need to develop and disclose a social media policy, in relation to online reviews, friend or linking requests, communicating with clients, etc. Providers who have a virtual presence on social media or who maintain a website should provide links to certification and licensure boards to assist clients in verifying credentials and filing complaints (ACA, 2014; NAADAC, 2016). In addition, providers should clearly distinguish between personal and professional virtual presence (ACA, 2014; AMHCA, 2020; APA, 2013;

ASWB, 2015; NASW, 2017). Providers should also avoid searching client's virtual presence unless given consent by the client or in the case of an emergency (ACA, 2014; AMHCA, 2020; ASWB, 2015; NASW, 2017). Surprisingly, only four states currently have specific guidance for virtual presence, but most states use either the ACA (2014) or NBCC (2012) codes, both of which have guidance related to virtual presence.

***Training and Competence***

Telehealth is a constantly emerging modality for mental health services. As such, providers of telehealth must actively engage in ongoing training to achieve and maintain competence. Each of the ethical codes and professional standards stress the importance of specialized competence for engaging in telehealth. Several of the ethical codes note providers should acquire enough training prior to engaging in telehealth (AAMFT, 2015; AMHCA, 2020; APA, 2017; NASW, 2017; NBCC, 2012). There is no specific ethical guidance on what constitutes sufficient training. Currently, only a few states have specific training requirements, and only five states specify the amount of training: Louisiana (3 hours), Alaska (4 hours), Georgia (6 hours), Alabama (15 hours), and Kentucky (15 hours).

***Current Technology***

As rapidly as telehealth technologies change, it is not surprising that thirty-three states require providers utilize current technology capable of meeting privacy law standards. Four of the ethical codes noted that providers should stay current with technology and ensure that the technologies utilized comply with applicable privacy laws (AAMFT, 2015; AMHCA, 2020; NBCC, 2012; NAADAC, 2016). Providers need to utilize consistent, reliable, and secure technologies to provide quality care to clients (AAMFT, 2015; AMHCA, 2020; NAADAC, 2016).

### *Professionalism*

Only five states provide specific guidance regarding professionalism; however, many of the other states have codified the ACA (2014) Code of Ethics, which includes clear expectations of professional behavior. AMHCA (2020) notes that providers should utilize an ethical decision-making model to ensure continuity of care. APA (2017) and ASWB (2015) caution providers to be intentional and accurate in public communications in any form. ASWB (2015) and NASW (2017) stress the importance of professional communication with clients and peers as well as efforts to correct or stop inaccurate information or unethical behavior via technology.

### *Multiculturalism*

Five states include multicultural considerations, including disability, that providers should consider while engaging in telehealth. ACA (2014), AMHCA (2020), ASWB (2015), and NASW (2107) address the importance of providing culturally appropriate services when engaging in telehealth. Ultimately, providers need to assess the implications of disability, language, emotional well-being, cultural, environmental, and age when proving mental health services via telehealth.

## Recommendations

The Virginia Board of Counseling, to be referred to as the "Board," regulates "the practice of counseling, substance abuse treatment, and marriage and family therapy" (Virginia Legislature, 2010, § 54.1-3503). The 2010 Code of Virginia establishes the Board and the scope of the Board's work. In the statute, the Board should "stay abreast of community and professional needs" and "ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations" (Virginia Legislature, 2010, § 54.1-3503).

This review of telehealth service law, regulation, and guidance demonstrates that specialized training and standards of practice need to be in place for the Board to fulfill its regulatory duty to protect the "best interest of the public" (Virginia Board of Counseling, 2019, 18VAC115-20-130).

The Board has established regulations, which "regardless of the delivery method, whether in person, by phone or electronically…apply to the practice of counseling" (Virginia Board of Counseling, 2019, 18VAC115-20-130). Currently, the Standards of Practice (Virginia Board of Counseling, 2019, 18VAC115-20-130) regulate seven of the fourteen key standards of telehealth at least in part. The regulations are enforceable and there are consequences for failing to uphold the Standards of Practice. The current *Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision* (Virginia Board of Counseling, 2020), however, is simply guidance and does not have the force and effect of law as regulations do. The Board's guidance document, while helpful to counselors and supervisors, only provides insight into the Board's policy and approach regarding four key standards of telehealth addressed in the guidance document. Therefore, additional regulations would strengthen the Board's ability to regulate counseling and protect the public. The proposed additional regulations are

1. Intake and Appropriate Assessment. Persons licensed by this board will assess clients to determine the client's readiness to engage intellectually, emotionally, physically, linguistically, and functionally with technology for the purpose of telehealth services and will verify that each client understands the purpose, risks, and operation of any technology to be used in the delivery of telehealth services.

2. Disclosures. Persons licensed by this board will inform the clients about the use of telehealth, verbally and in writing, to include
    a. Provider's credentials, location, and contact information;
    b. Types of services available;
    c. Risks, limitations, and benefits of telehealth modality;
    d. Technology requirements and recommendations (equipment, network, security, etc.);
    e. Alternate means of communication should technology fail;
    f. Who else may have access to communications and session content;
    g. Anticipated response time and preferred mode of communication;
    h. Limits of and threats to confidentiality;
    i. Documentation requirements, including retention and destruction;
    j. Emergency resources local to client and emergency protocol;
    k. Social media and relationship policy;
    l. Potential insurance coverage of telehealth sessions (as applicable);
    m. Time zone differences;
    n. Verification process for provider and client;
    o. Prohibition of recording and distributing session content without mutual consent;
    p. Cultural and linguistic considerations; and
    q. Licensure portability across state lines and scope of practice requirements.

3. Informed consent. Persons licensed by this board will obtain oral or written informed consent from clients in a language understandable to the client at the onset of telehealth services and will explain that the client may end telehealth services at any time and request in-person counseling services or a referral for in-person counseling services. Informed consent is understood to be an ongoing process. Informed consent will be documented in the client's record. If the client is a minor, consent will be obtained from the minor's legal guardian, and where appropriate, assent will be obtained from the minor.
4. Counseling Relationship and Boundaries. Persons licensed by this board will explain and establish professional boundaries with each client regarding the appropriate use and limitations of technology within the counseling relationship.
5. Client Verification: Persons licensed by this board will verify the client's identity through a government issued identification and will have verification procedures through passwords or identification throughout the delivery of telehealth services. Persons licensed by this board will verify the client's location each time telehealth services are provided and will seek and disclose an alternate means of communication with the client in case of technical failure or emergency.
6. Standards of Care. Persons licensed by this board will maintain an emergency plan with the client to include contact information of emergency services local to the client's location.
7. Confidentiality. Persons licensed by this board will abide by current privacy laws and regulations related to health care information and the client's right to access their

records. Persons licensed by this board will utilize best practices of telehealth services to ensure client confidentiality and the security of all transmissions of protected health information.

8. Standards of Care. Persons licensed by this board will use standards of care specific to telehealth services that are appropriate to a client's developmental level, intellectual and linguistic abilities, mental and physical needs, and treatment goals. The standards of care must at a minimum be consistent with the standards of care for in-person counseling services.
9. Scope of Practice. Persons providing telehealth services to clients located in the Virginia must be licensed in the Commonwealth of Virginia. Persons licensed by this board serving clients outside Virginia should verify the regulations of the state board who has jurisdiction where the client is located.
10. Documentation. Persons licensed by this board will create and maintain a record for each client that documents informed consent, disclosures provided, an emergency plan with contacts local to the client, client verification, session notes, treatment plan, assessment results, communications with the client, and termination. Records will be stored in accordance with state and federal retention regulations and best practices. Clients must know how to access their clinical records.
11. Virtual Presence. Persons licensed by this board who maintain a virtual presence will clearly distinguish between personal and professional presence and maintain a social media policy. Persons licensed by this board who maintain a website will provide working electronic links to relevant certification and licensure boards to ensure clients

can verify credentials and protect their rights. Persons licensed by this board will not use electronic search engines or social media to gather information about clients without the client's signed, written consent. Clients must have full disclosure of how the information gathered will be used before giving consent.

12. Current Technology. When providing telehealth services, persons licensed by this board may use two-way interactive audio, visual, or audio-visual technologies that utilize current encryption standards. Persons licensed by this board should provide consistent, secure access to technologies to provide continuity of care.
13. Training and Competence: Persons licensed by this board will limit their telehealth services to their areas of competence achieved through education, training, and supervision. At a minimum, persons licensed by this board will document six (6) hours of training specific to telehealth services before commencing telehealth services and two (2) hours minimum of continuing education with each licensure renewal to maintain current competency.
14. Multiculturalism. Persons licensed by this board will account for cultural, linguistic, and accessibility considerations that may impact the effectiveness and quality of telehealth services.

Table 2 – Key Standards Currently Addressed

| State | Appropriate Intake and Screen | Informed Consent | Disclosures | Counseling Relationship/ Boundaries | Client Verification | Confidentiality | Standards of Care | Scope of Practice | Documentation | Virtual Presence | Training and Competence | Current Technology | Professionalism | Multiculturalism |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Virginia | | X | X | | X | X | X | X | X | | X | X | X | X |
| 18VAC115-20-130. Standards of practice. | | C.4. | B.7., B.9 | | | C.4. | B.3., B.4., B.6., B.10. | | B.5., C.1., C.2., C.5.a.-c. | | B.2., B.12 | | B.8., B.11., B.13., D.1. – 4., F. | |
| Guidelines on Technology-Assisted Counseling (C) and Technology-Assisted Supervision (S) | | | | | | C-2, 3 | | C-4 | | | C-3 | | C-5 | |

References

Aleldade. (2020, Nov). State-level telehealth regulation overview. https://resources.aledade.com/guides/state-level-telehealth-regulations

American Association for Marriage and Family Therapy. (AAMFT, 2015). Code of Ethics [PDF file]. Retrieved from https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx

American Association for Marriage and Family Therapy. (2021). Coronovirus and state/provincial telehealth guidelines. https://www.aamft.org/Events/State_Guide_for_Telehealth.aspx

American Counseling Association. (2014). 2014 ACA Code of Ethics. Retrieved from http://www.counseling.org/knowledge-center/ethics

American Mental Health Counselors Association. (AMHCA, 2020). Code of ethics of the American Mental Health Counselors Association. American Mental Health Counselors Association. Retrieved from http://www.amhca.org/learn/ethics

American Psychological Association. (2013). Guidelines for the practice of telepsychology. *The American Psychologist*, *68*, 791-800.

American Psychological Association. (APA, 2017). Ethical principles of psychologists and code of conduct. Retrieved from http://www.apa.org/ethics/code/index.aspx

Arizona Board of Behavioral Health Examiners. (2021). Arizona Revised Statutes (excerpts from Title 32, Chapter 33 related to telepractice). https://www.azbbhe.us/pdfs/Telepractice%20guidelines010321.pdf

Arizona State Legislature. (2021). AZ Revised Statute Sec. 36-3602. https://www.azleg.gov/viewdocument/?docName=https://www.azleg.gov/ars/36/03602.htm

Arkansas Board of Examiners in Counseling and Marrage & Family Therapy. (2020). Executive Order 20-05: Suspending Telehealth Specialization License. https://abec.statesolutions.us/wp-content/uploads/2020/03/EO-20-05.pdf

Arkansas Board of Examiners in Counseling and Marrage & Family Therapy. (2020). 2020 Rule Revision. https://abec.statesolutions.us/wp-content/uploads/2020/06/2020-Rules-Final-6-22-20.pdf

Aronson, S. (1977). The Lancet on the telephone 1876–1975. Medical History, 21(1), 69-87. doi:10.1017/S0025727300037182

Association of Social Work Boards (2014). Model regulatory standards for technology and social work practice. ASWB International Technology Task Force, 2013-2014). Retrieved from https://www.aswb.org/wp-content/uploads/2015/03/ASWB-Model-Regulatory-Standards-for-Technology-and-Social-Work-Practice.pdf

Behavioral Sciences Regulatory Board. (n.d.). Important Information Regarding Telemental Health. https://www.ksbsrb.ks.gov/docs/default-source/default-document-library/important-information-regarding-telemental-health1665e446357f69b7acc5ff0000cef974.pdf?sfvrsn=da1a8d85_0

Board of Behavioral Sciences. (2016). California Code of Regulation Title 16 §1815.5: Standards of Practice for Telehealth. https://www.bbs.ca.gov/pdf/regulation/2016/1815_ooa.pdf

Board of Behavioral Sciences. (2020). Business and Professions Code (BPC) section 2290.5(b). https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=5.&article=12.

Board of Behavioral Sciences. (2020, April). Updated statement on telehealth to reflect Governor's Executive Order N-43-20. https://www.bbs.ca.gov/pdf/updated_coronavirus_statement.pdf

Board of Behavioral Sciences. (2021). General info & Requirements. https://bbs.ca.gov/licensees/hipaa.html

Board of Registration of Allied Mental healtha nd Human Services Professions. (2007). Policy on distance, online, and other electronic-assisted counseling: Policy No. 07-03. https://www.mass.gov/policy-advisory/board-policies-and-guidelines-allied-mental-health#policy-on-distance-online-and-other-electronic-assisted-counseling-policy-no-07-03

Center for Connected Health Policy. (2021). Policy finder. https://www.cchpca.org/all-telehealth-policies/

Colorado Department of Regulatory Agencies. (2020, March). Update to Mental Health Professionals on Coronavirus. https://content.govdelivery.com/accounts/CODORA/bulletins/281b51d

Colorado Legal Resources. (2019). Colorado Revised Statute 12-240-104. https://leg.colorado.gov/ agencies/office-legislative-legal-services/colorado-revised-statutes

Commonwealth of Massachusetts. (2020). An act promoting a resilient health care system that puts patients first. https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter260

Connecticut. (2018). Chapter 368ll, Sec. 19a-906. Telehealth services. https://www.cga.ct.gov/CURRENT/PUB/chap_368ll.htm#sec_19a-906

Delaware Division of Professional Regulation. (). 3000 Board of Professional Counselors of Mental Health and Chemical Dependency Professionals. https://regulations.delaware.gov/AdminCode/title24/3000.shtml

Department of Commerce and Insurance. (). Division 2095 - Committee for Professsional Counselors (Rule 20 CSR 2095-2). https://www.sos.mo.gov/cmsimages/adrules/csr/current/20csr/20c2095-2.pdf

Epstein Becker Green (2020). Telemental health laws app. https://www.ebglaw.com/telemental-telebehavioral-health/

Hawaii. (2017). Vol 13, Chapter Sec 671-1 Professional liability insurance; coverage for telehealth. https://www.capitol.hawaii.gov/hrscurrent/Vol13_Ch0601-0676/HRS0671/HRS_0671-0007.htm

Health and Human Services (2020, July). HHS issues new report highlighting dramatic trends in Medicare beneficiary telehealth utilization amid COVID-19.

Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists. (2016). Telehealth Guidelines for Professional Counselors and Marriage and Family Therapists. https://dopl.idaho.gov/DOPLPortal/cou/documents/Telehealth%20Guidelines.pdf

Idaho State Legislature. (2016). Chapter 57 Idaho Telehealth Access Act. https://legislature.idaho.gov/

statutesrules/idstat/Title54/T54CH57/

Illinois. (2018). Professions, Occupations, And Business Operations (225 ILCS 150/) Telehealth Act. https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3807&ChapterID=24

Indiana General Assembly. (2018). Title 25, Article 1, Chapter 9.5-6c. http://iga.in.gov/legislative/ laws/2018/ic/titles/025#25-1-9.5

Iowa Legislature. (2018). Chapter 7, 751-7.1(8d) Definitions. https://www.legis.iowa.gov/ docs/iac/rule/08-15-2018.751.7.1.pdf

Kansas Department of Health and Environment. (2019). Kansas Telemedicine Act. https://www.kmap-state-ks.us/Documents/Content/Bulletins/18224%20-%20General%20-%20Telemedicine_2.pdf

Kentucky Board of Licensed Professional Counselors. (). 201 Kentucky Administrative Regulations 36:045 - Distance Counseling. https://casetext.com/regulation/kentucky-administrative-regulations/title-201-boards-and-commissions/chapter-36-board-of-licensed-professional-counselors/section-201-kar-36045-distance-counseling

KentuckyBoard of Licensed Professional Counselors. (2017). 201 Kentucky Administrative Regulations 36:040 Section 6. Distance counseling, technology, and social media. https://casetext.com/regulation/kentucky-administrative-regulations/title-201-boards-and-commissions/chapter-36-board-of-licensed-professional-counselors/section-201-kar-36040-code-of-ethics

Legislative Research Commission. (n.d.). 907 KAR 3:170. Telehealth service coverage and reimbursement. https://apps.legislature.ky.gov/law/kar/907/003/170.pdf

Lousiana House of Representatives. (2020). House Bill No. 449, Act No. 191. http://www.legis.la.gov/legis/ViewDocument.aspx?d=1181924

Lousiana Licensed Professional Counselors Board of Examiners. (2020). Lousiana Administrative Code Title 46, § LX-505. https://casetext.com/regulation/louisiana-administrative-code/title-46-professional-and-occupational-standards/part-lx-professional-counselors/subpart-1-licensed-professional-counselors/chapter-5-license-and-practice-of-counseling/section-lx-505-teletherapy-guidelines-for-licensees-formerly-diagnosing-for-serious-mental-illnesses

Maryland Department of Health. (2019). Title 10, Subtitle 58, Board of Professional Counselors and Therapists (10.58.06). http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.58.06.%2a

Maryland Health Care Commission. (2020, April). Telehealth and COVID-19: What Providers Need to Know.https://mhcc.maryland.gov/mhcc/pages/hit/hit/documents/HIT_Telehealth_Providers_Flyer.pdf

Michigan legislature. (2017). Public Health Code, Act 368 of 1978. http://www.legislature.mi.gov/(S(hxvv2owxrayur4waicshmq4u))/mileg.aspx?page=getObject&objectName=mcl-333-16283

Mississippi State Board of Examiners for Licensed Professional Counselors. (2015). Rules and regulations, Part 2201. https://www.lpc.ms.gov/secure/pdf/

Part_2201_Rules_and_Regulations.pdf

Mississippi State Board of Examiners for Social Workers and Marriage & Family Therapists. (2020). Rule 3.4 - Standards for Use of technology in practice. https://www.swmft.ms.gov/sites/default/files/Part%201902%20Chapter%203%20Rule%203.4%20Use%20of%20Technology%20in%20Practice.pdf

Montana Labor and Industry. (2020). Board of Behavioral Health - 24.219.301 - Definitions. http://mtrules.org/gateway/ruleno.asp?RN=24.219.301

NAADAC and NCC AP (2016). Code of ethics. Retrieved from https://www.naadac.org/code-of-ethics

NASW (2017). Code of ethics. Retrieved from https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

*National Board for Certified Counselors. (2012). Policy Regarding the Provision of Distance Professional Services. Retrieved from* nbcc.org/Assets/Ethics/internetCounseling.pdf

Nebraska Department of Health and Human Services. (2004). Title 172, Chapter 92 Licensure of mental health practitioners and the certification of marriage and family therapists, professional counselors, and social workers. https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-094.pdf

Nebraska Legislature. (2018). Nebraska Revised Statute 38-120. https://nebraskalegislature.gov/laws/statutes.php?statute=38-120.01

Nevada Legislature. (2018). Chapter 629 - Healing Arts Generally (NRS 629.515). https://www.leg.state.nv.us/NRS/NRS-629.html#NRS629Sec510

Nevada Legislature. (2019). Chapter 641A Marriage and family therapists and clinical professional counselors. https://www.leg.state.nv.us/NAC/NAC-641A.html

New Jersey Department of Law and Public Safety. (2019). Uniform Enforcement Act: 45:1-62. Provision of health care through use of telemedicine, telehealth. https://www.njconsumeraffairs.gov/Documents/legal/New_Jersey_Uniform_Enforcement_Act.pdf

New Jersey Legislature. (2017). Chapter 117. https://www.njleg.state.nj.us/2016/Bills/PL17/117_.HTM

New Jersey Marriage and Family Examiners. (2021). New Jersey Administrative Code Title 13, Chapter 34, Subchapters 10 -31. https://www.njconsumeraffairs.gov/regulations/Chapter-34-Subchapters-10-31-Professional-Counselors.pdf

New Mexico Board of Counseling and Therapy Practices. (n.d.). New Mexico Counseling & Therapy Practice Board Rules and Regulations Book. http://www.rld.state.nm.us/boards/Counseling_and_Therapy_Practice_Rules_and_Laws.aspx

North Carolina Board of Licensed Clinical Mental Health Counselors. (2019). Chapter 53 - Board of Licensed Clinical Mental Health Counselors. https://www.ncblpc.org/Assets/LawsAndCodes/NCBLCMHC_Administrative_Rules (NCACTitle21Chapter53).pdf

North Carolina Board of Licensed Clinical Mental Health Counselors. (2017). Distance Counseling Policy. https://www.ncblpc.org/LawsAndCodes

North Dakota Board of Counselor Examiners. (2021). Distance Counseling. http://www.ndbce.org/distance.shtml

Office fo the Revisor of Statutes. (2020). 2020 Minnesota Statutes: 147.033 Practice of telemedicine. https://www.revisor.mn.gov/statutes/cite/147.033

Office of the Secretary of State. (2021). Arizona Administrative Code. https://apps.azsos.gov/public_services/Title_04/4-06.pdf

Ohio Legislative Service Commission. (2020). Rule 4757: Counselor, Social Worker, and Marriage and Family Therapist Board. https://codes.ohio.gov/ohio-administrative-code/4757

Oklahoma State Board of Behavioral Health. (2020). Title 86, Chapter 10 - Licensed Professional Counselors. https://www.ok.gov/behavioralhealth/documents/UNOFFICIAL%20PERMANENT%20RULES-%20LPC%20-%209-11-2020.pdf

Oklahoma State Board of Behavioral Health. (2021). Supervision Agreement. https://www.ok.gov/behavioralhealth/SUPERVISION_AGREEMENT.html

Online Sunshine. (2020). 2020 Florida Statutes, Title XXXII, Chapter 456.47 Use of telehealth to provide services. http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0456/Sections/0456.47.html

Oregon Board of Licensed Professional Counselors and Therapists. (2020). Oregon Revised Statutes Chapter 675 (2019) & Oregon Administrative Rules Chapter 833. https://www.oregon.gov/oblpct/Documents/BLPCT_Statutes-OARs.pdf

Pennsylvania Pressroom. (2020, March). Licensed health care practitioners can provide telemedicine services to Pennsylvanians during Coronavirus emergency. https://www.media.pa.gov/pages/State-details.aspx?newsid=375

Schleicher, J. (2015). UNMC a pioneer in telemedicine. UNMC Newsroom. https://www.unmc.edu/news.cfm?match=16468

South Carolina State House. (2001). Chapter 36: Department of Labor, Licensing and Regulation— Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors and PsychoEducational Specialists. https://www.scstatehouse.gov/coderegs/Chapter%2036.pdf

South Carolina State House. (2018). Title 40, Chapter 75, Article 1: Professional Counselors and Marriage and Family Therapists. https://www.scstatehouse.gov/code/t40c075.php

South Dakota Board of Examiners for Counselors & Marriage and Family Therapists. (2020). Board of Examiners for Counselors & Marriage and Family Therapists. https://dss.sd.gov/licensingboards/counselors/counselors.aspx

South Dakota Legislature. (2020). Title 34, Chapter 34-52 Telehealth Utilization by health care professionals. https://sdlegislature.gov/Statutes/Codified_Laws/2058030

State of Arkansas. (2021). Arkansas Code Title 17. Professions, Occupations, and Businesses § 17-80-404. Appropriate use of telemedicine. https://codes.findlaw.com/ar/title-17-professions-occupations-and-businesses/ar-code-sect-17-80-404.html

State of Iowa General Assembly. (2020). Senate File 2261: An acct relating to the provision of behavioral health services including via telehealth in a school setting. https://www.legis.iowa.gov/docs/publications/LGE/88/attachments/SF2261_GovLetter.pdf?layout=false

State of Kentucky. (2000). KY Revised Statutes § 310.200. https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=30392

State of Kentucky. (2016). 501 KAR 13:010. Life safety issues. https://apps.legislature.ky.gov/law/kar/501/013/010.pdf

State of Maine. (2016). Rule 02-373/383: Chapter 6 Telemedicine standards of practice. https://www.maine.gov/sos/cec/rules/02/chaps02.htm

State of Maryland. (2020). Health Care Practitioners - Telehealth and Shortage. http://mgaleg.maryland.gov/2020RS/Chapters_noln/CH_16_sb0402e.pdf

State of Maryland. (n.d.). Code of Maryland, Administrative Regulations, Sec. 10.58.06.02. http://www.dsd.state.md.us/comar/comarhtml/10/10.58.06.02.htm

State of Nebraska. (2019). Statutes relating to Nebraska Telehealth Act. https://dhhs.ne.gov/licensure/Documents/NebraskaTelehealthAct.pdf

State of Nevada Board of Examiners. (2021). Marriage and familiy therapists and clinical profesional counselors website. https://marriage.nv.gov/

Stretch, L.S. (2020). Telehealth 101. School of Education at William & Mary. https://education.wm.edu/academics/space/documents/telehealthhandouts

Telemental Certification Institute (2021). States'rules and regulations. https://telementalhealthtraining.com/states-rules-and-regulations

Tennessee Board of Licensed Professional Counselors, Licensed Marital and Family Therapists and Licensed Pastoral Therapists. (2020). Chapter 0450-01: General rules governing professional counselors. https://publications.tnsosfiles.com/rules/0450/0450-01.20200402.pdf

Tennessee Department of Mental Health and Substance Abuse Sevices: Office of Crisis Services. (2012). Telecommunication guidelines for Tennessee Department of Metal Heatlh and Substance Abuse Services designated crisis services. https://www.tn.gov/content/dam/tn/mentalhealth/documents/Telehealth_Guidelines.pdf

Texas Legislature. (2019). Title 3, Subtitle A, Chapter 113 - Mental Health telemedicine and telehealth. https://statutes.capitol.texas.gov/Docs/OC/htm/OC.113.htm

The Delaware Code Online. (2021). Title 24, Chapter 30, Subchapter I. Board of Mental Health and Chemical Dependency Professionals. http://delcode.delaware.gov/title24/c030/sc02/index.html

Utah State Legislature. (2020). Title 26, Chapter 60 - Telehealth Act. https://le.utah.gov/xcode/Title26/Chapter60/26-60-S101.html

Vermont General Assembly. (2020). Title 8, Chapter 107, Subchapter 014: Telemedicine. https://legislature.vermont.gov/statutes/section/08/107/04100k

Virginia Board of Counseling. (2019). Regulations governing the practice of professional counseling (18 VAC 115-20-10 et seq.). https://www.dhp.virginia.gov/counseling/reg_history/LPC/LPC_20191016.pdf

Virginia Board of Counseling. (2020). Guidance on Technology-Assisted Counseling and Technology Assisted-Supervision. https://www.dhp.virginia.gov/counseling/guidelines/115-1.4.doc

Virginia's Legislative Infromation System. (2010). Title 54.1, Chapter 35 - Professional Counseling. https://law.justia.com/codes/virginia/2010/title-54-1/chapter-35/54-1-3505/

Virginia's Legislative Infromation System. (2020). Chapter 729 § 32.1-122.03.1: Statewide Telehealth Plan. https://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0729

Washington State Legislature. (2016). Revised Code of Washington 70.41.020: Definitions. https://app.leg.wa.gov/RCW/default.aspx?cite=70.41.020

Washington State Legislature. (2020). Revised Code of Washington 43.70.495: Telemedicine training for health care professionals. https://app.leg.wa.gov/rcw/default.aspx?cite=43.70.495

West Virginia Board of Examiners in Counseling. (2019). Guidance on Technology-Assisted Counseling or Therapy and Technology-Assisted Supervision. http://www.wvbec.org/distancecounseling.html

West Virginia Legislature. (2020). Chapter 5, Article 16 Coverage for telehealth services. https://code.wvlegislature.gov/5-16-7b/

Wyoming Mental Health Professionals Board. (2019). Chapter 11 - Licensed Professional Counselor. https://rules.wyo.gov/Search.aspx?Agency=078&Program=0001

Wyoming Mental Health Professionals Board. (2019). Chapter 15 - Professional Responsibility. https://rules.wyo.gov/Search.aspx?Agency=078&Program=0001

Wyoming Mental Health Professionals Board. (2019). Chapter 18 - Supervision. https://rules.wyo.gov/Search.aspx?Agency=078&Program=0001

Wyoming. (n.d.). Chapter 38 - Professional counselors, marriage and family therapists, Social Workers and Chemical Dependency Specialists. https://drive.google.com/file/d/19sfR5ttwMF3RDXFE0uow4awCEo25EoPe/view

Appendix A

Key Standards by Ethical Code/Professional Telehealth Guidelines

| | Appropriate Intake and Screen | Informed Consent | Disclosures | Counseling Relationship/ Boundaries | Client Verification | Confidentiality | Standards of Care | Scope of Practice | Documentation | Virtual Presence | Training and Competence | Current Technology | Professionalism | Multiculturalism |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| American Association for Marriage and Family Therapy (AAMFT, 2015) | X | X | X | X | | X | X | X | X | | X | X | | X |
| American Counseling Association (ACA, 2014) | X | X | X | X | X | X | X | X | X | X | X | | | X |
| American Mental Health Counselors Association (AMHCA, 2015) | X | X | X | | | X | X | X | X | X | X | X | X | X |
| American Psychological Association (APA, 2013) | X | X | X | X | | X | X | X | X | X | X | | | |
| American Psychological Association (APA, 2017) | X | X | X | X | | X | X | X | X | X | X | | X | X |
| Association of Social Work Boards (ASWB, 2014) | X | X | X | X | X | X | | X | X | X | X | | X | X |
| NAADAC and NCC AP (NAADAC, 2016) | X | X | X | X | X | X | | X | X | X | X | X | | |
| National Association of Social Workers (NASW, 2017) | X | X | X | X | X | X | | X | X | X | X | X | X | X |
| National Board for Certified Counselors (NBCC, 2012) | X | X | X | X | X | X | | X | X | X | X | X | | |

Appendix B

Key Standards by State

| State | Appropriate Intake and Screen | Informed Consent | Disclosures | Counseling Relationship/ Boundaries | Client Verification | Confidentiality | Standards of Care | Scope of Practice | Documentation | Virtual Presence | Training and Competence | Current Technology | Professionalism | Multiculturalism |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Alabama | | X | X | X | | | | X | | | | X | | |
| Alaska | | | | | | X | | X | | | | | | |
| Arizona | | X | X | | X | X | | X | X | | | X | | |
| Arkansas | X | X | X | X | | X | X | x | X | | | X | | |
| California | X | X | X | | X | X | | X | X | | | X | | |
| Colorado | X | X | X | | X | | | X | | | | X | | |
| Connecticut | | X | X | | | | X | X | X | | | X | | |
| Delaware | | X | X | | X | X | X | X | X | X | X | X | | |
| DC | | | | | | | | X | | | | | | |
| Florida | X | X | | | | X | X | X | X | | | X | | |
| Georgia | | X | X | | | | | X | | | X | X | | |
| Hawaii | | | | | | X | | X | X | | | | | |
| Idaho | X | X | X | | X | X | X | X | X | | X | X | | |
| Illinois | | | | | | | X | X | | | | X | | |
| Indiana | | X | X | X | X | | X | X | X | | | | | |
| Iowa | | X | X | | | X | | X | | | | X | | |
| Kansas | | X | | X | | | X | X | X | | | X | | |
| Kentucky | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Louisiana | X | X | X | X | X | X | X | X | X | X | X | X | | X |
| Maine | | | X | | | X | | X | X | | | | | |
| Maryland | X | X | X | | X | X | X | X | X | | | X | | |
| Massachusetts | | X | X | | X | X | X | X | X | | X | | X | |

| State | Appropriate Intake and Screen | Informed Consent | Disclosures | Counseling Relationship/ Boundaries | Client Verification | Confidentiality | Standards of Care | Scope of Practice | Documentation | Virtual Presence | Training and Competence | Current Technology | Professionalism | Multiculturalism |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Michigan | | X | | | | | | X | | | | X | | |
| Minnesota | | | | | | | | | | | | | | |
| Mississippi | | | | | | | | X | | | X | X | | |
| Missouri | | X | | X | | X | | X | X | | | X | | |
| Montana | X | | | | | | X | | | | | | | |
| Nebraska | | X | X | | | | | X | X | | | | | |
| Nevada | | | | | | | | X | | | | X | | |
| New Jersey | | X | X | | X | | X | X | X | | | X | | |
| New Mexico | | | | | | | | X | X | | | | | |
| New York | | X | | | | | | X | | | | X | | |
| North Carolina | X | X | X | | X | X | X | X | X | | X | X | X | |
| North Dakota | | | | | | | | X | | | | | | |
| Ohio | X | X | X | | X | X | X | X | X | X | X | X | | X |
| Oklahoma | | | | | | X | | X | | | | X | | |
| Oregon | X | X | X | | | | | X | X | | | | | X |
| Pennsylvania | | X | X | | X | | X | X | X | | | X | | |
| Rhode Island | | X | X | | | X | | | X | | | | | |
| South Carolina | | X | | | X | | X | X | X | | | X | | |
| South Dakota | | X | X | | X | | X | X | X | | X | | | |
| Tennessee | X | | X | | X | X | | X | X | | | X | | |
| Texas | X | X | | | | | | X | X | | | | | |
| Utah | X | X | | | | | X | X | | | | X | | |
| Vermont | | X | | | | | X | X | X | | | X | | |
| Virginia | | X | X | | X | X | X | X | X | | X | X | X | X |
| Washington | | | | | | X | | X | | | | | | |

| State | Appropriate Intake and Screen | Informed Consent | Disclosures | Counseling Relationship/ Boundaries | Client Verification | Confidentiality | Standards of Care | Scope of Practice | Documentation | Virtual Presence | Training and Competence | Current Technology | Professionalism | Multiculturalism |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| West Virginia | X | X | X | | X | X | X | X | | | X | X | | |
| Wisconsin | | X | | | | X | | X | | | | | | |
| Wyoming | | | | | | X | | X | | | | | X | |

# Virginia Board of Counseling

**Guidance on the Use of Telehealth for the Practice of Counseling, Marriage and Family Therapy, and Substance Abuse Treatment, including the use of Telehealth for the Supervision of Residents.**

*Definitions*:

- Telehealth- behavioral or non-medical services provide via technology
- Telehealth Services "means the use of telecommunications and information technology to provide access to health assessments, diagnosis, intervention, consultation, supervision, and information across distance. It includes the use of such technologies as telephones, facsimile machines, electronic mail systems, store-and-forward technologies, and remote patient monitoring devices that are used to collect and transmit patient data for monitoring and interpretation

The following prefaces the Board's regulations for Standards of Practice (18VAC115-20-130):

*The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of counseling.*

Therefore, the standards of practice set forth in section 130 of the regulations and in the Code of Virginia apply regardless of the method of delivery. The Board of Counseling recommends the following when a licensee or resident uses telehealth services as the delivery method for professional counseling, marriage and family therapy, and as a substance abuse practititioner:

**Intake and Appropriate Assessment** (118VAC115-20-130(B)(9)

1. Determine the client's readiness to engage intellectually, emotionally, physically, linguistically, and functionally with technology.
2. Verify that each client understands the purpose, risks, and operation of any technology.

**Disclosures** (118VAC115-20-130(B)(9)

1. Verbal and in writing.
2. For example:
    a. Provider's credentials, location, and contact information;
    b. Types of services available;
    c. Risks, limitations, and benefits of telehealth modality;
    d. Technology requirements and recommendations;
    e. Alternate means of communication should technology fail;
    f. Who else may have access to communication and session content;
    g. Anticipated response time and preferred mode of communication;
    h. Limits of and threats to confidentiality;
    i. Documentation requirements, including retention and destruction;

j. Emergency resources local to client and emergency protocol
k. Social media and relationship policy;
l. Potential insurance coverage of telehealth sessions (as applicable)
m. Time zone differences;
n. Verification process for provider and client;
o. Prohibition of recording and distributing session content without mutual consent;
p. Cultural and linguistic considerations; and,
q. Licensure portability across state lines and scope of practice requirements

**Informed Consent** (118VAC115-20-130(B)(9)

1. Written or Oral
2. Option for in-person
3. Document consent
4. Minors

**Counseling Relationship and Boundaries**

1. Explain and establish professional boundaries (118VAC115-20-30(D)(4)
2. Appropriate use and limitations of technology within the counseling relationship (118VAC115-20-130(B)(4)

**Client Verification**

1. Verify the client's identity through a government issued identification
2. Verification procedures through passwords or identification
3. Verify the client's location
4. Alternate means of communication

**Standards of Care** 118VAC115-20-30(B)(1)

1. Maintain an emergency plan
2. Contact information of emergency services local to the client's location

**Confidentiality** 118VAC115-20-30(C)

1. Abide by current privacy laws and regulations related to health care information and the client's right to access their records.
2. Utilize best practices of telehealth services to ensure client confidentiality and the security of all transmissions.

**Standards of Care**

1. Specific to telehealth services that are appropriate to a client's developmental level, intellectual and linguistic abilities, mental and physical needs, and treatment goals
2. Minimum be consistent with the stands of care for in-person counseling services

**Scope of Practice**

1. Persons providing telehealth services to clients located in Virginia must hold an active license in the Commonwealth of Virginia.
2. Verify the regulations of the state board who has jurisdiction where the client is located.

**Documentation**

1. Create and maintain a record for each client that documents informed consent, disclosures provided, an emergency plan with contacts local to the client, client verification, session notes, treatment plan, assessment results, communications with the client, and termination. (118VAC115-20-30(C)
2. Retention and access (118VAC115-20-30(C)(5)

**Virtual Presence**

1. Clearly distinguish between personal and professional presence and maintain a social media policy
2. Working electronic links to relevant certification and licensure boards
3. Do not use electronic search engines or social media to gather information about clients

**Current Technology**

1. Use two-way interactive audio, visual, or audio-visual technologies that utilize current encryption standards
2. Consistent and intentional

**Training and Competence**

1. Areas of competence achieved through education, training, and supervision (118VAC115-20-30(B)(2)
2. Six hours of training specific to telehealth services before commencing telehealth
3. Two hours minimum of continuing education with each licensure renewal

**Multiculturalism**

1. Account for cultural, linguistic, and accessibility considerations that may affect the effectiveness and quality of telehealth services.

# What is the COUNSELING COMPACT?

The Counseling Compact is an occupational licensure compact that:

- Addresses increasing demand to provide Professional Counseling services.
- Authorizes both telehealth and in-person practice across state lines in Counseling Compact states.
- Is similar in form and function to occupational licensure compacts for nursing, psychology, medicine, physical therapy and emergency medical services.

## 10 STATES

The Counseling Compact is operational when 10 states enact the legislation for the compact.

Professional Counselors licensed in their home state apply for a privilege to practice under the Counseling Compact–state lines are a barrier no more.

Counseling Compact states communicate and exchange information including verification of licensure and disciplinary sanctions.

Counseling Compact states retain the ability to regulate practice in their states.

## BENEFITS

- Increasing access to client care.
- Facilitating continuity of care when clients relocate or travel.
- Certifying that counselors have met acceptable standards of practice.
- Promoting cooperation among Counseling Compact states in the areas of licensure and regulation.
- Offering a higher degree of consumer protection across state lines.

## IMPACTS

- Allowing licensed counselors to practice face-to-face or through telehealth across state lines without having to become licensed in additional Counseling Compact states.
- Permitting counselors to provide services to populations currently underserved or geographically isolated.
- Allowing military personnel and spouses to more easily continue in their profession when relocating.

For more information visit **counselingcompact.org**

COUNSELING COMPACT

*Source: Audiology and Speech-Language Pathology Interstate Compact*

COUNSELING COMPACT

# INTERSTATE COMPACTS VS. UNIVERSAL LICENSE RECOGNITION

*As states work toward greater professional licensure portability, two key policy tools are at their disposal. This fact sheet explains these two methods and how they can work together to facilitate interstate practice.*

## Interstate Compacts: Borderless Practice in all Member States

The Counseling Compact is an example of an ***occupational licensure interstate compact*** – a binding agreement among states to adopt a set of uniform licensure standards for a particular profession and to recognize valid licenses for that profession issued by any state that has enacted the agreement.

The engine of a licensure compact is a shared interstate data system that allows for rapid verification of eligibility to practice. Compacts allow practitioners to obtain a "privilege to practice" in another member state in minutes, with no need to submit materials such as test scores or academic transcripts except for a jurisprudence exam if required by the new state.

The Counseling Compact, once legislatively enacted, will allow counselors licensed and based in a member state to practice full time in other member states both in person and via telehealth. Continuing education is required *only* for the home state license.

The Counseling Compact and its licensure data system will be overseen by a public Commission comprised of delegates from each member state. The Commission is empowered to issue appropriate Rules to ensure a responsive, adaptive, and sustainable Compact. Member states are bound contractually to the terms of the Compact and Rules, making the Compact a durable long-term solution to the issue of interstate license portability.

## Universal License Recognition Laws: Reducing Barriers to Entry Only

***Universal license recognition laws***, also known as universal reciprocity, establish a state's intention to recognize *all* valid occupational and professional licenses from *all* states. These laws apply to all or most professions regulated by a state, are generally implemented on a case-by-case basis by state licensure boards and agencies, and may still require submission of documents and a standard waiting period for review.

Universal recognition laws are sound policy, but they do not allow practitioners based within the enacting state to practice in *other* states, and they do not allow for near-instant verification of licensure eligibility through a data system.

Additionally, universal recognition laws do not require states to commit contractually to a set of uniform requirements for licensure. These laws are enforced at the discretion of the enacting state, leaving room for significant differences in each state's reciprocity standards.

Furthermore, without the formal structure of a Commission and data system, universal recognition laws cannot ensure effective communication and data sharing among states, potentially jeopardizing public protection.

## Can these policies coexist?

Absolutely! There are several reasons for states to pursue both licensure compacts and universal recognition laws.

- A compact is most effective when enacted by all (or nearly all) states. Until that point, universal license recognition laws reduce barriers for practitioners from nonmember states.
- Not everyone is eligible for a compact. Individuals who do not qualify for a compact at their current practice level may still be able to obtain a license by endorsement in another state.
- If a state's universal licensure recognition law is written such that it does not confer eligibility for an interstate compact, there is no conflict between these two policy tools.

## Why the Counseling Compact is the gold standard for licensure portability:

Long-term reform of how states license, communicate, and share licensure data requires an enduring and adaptable legislative solution.

The Counseling Compact binds member states to a cooperative system of interstate licensure that removes barriers to practice without sacrificing public protection.

The Commission's rulemaking authority ensures swift adaptation to changes in the profession, securing the long-term viability of the Compact as a comprehensive solution to the challenges of license portability.

For more information on the Counseling Compact, please visit www.CounselingCompact.org.

For a closer look at interstate compacts and universal license recognition, please click here.

COUNSELING COMPACT

COUNSELING COMPACT

# FREQUENTLY ASKED QUESTIONS

### What is an interstate compact?

An interstate compact is a contract between two or more states creating an agreement on a particular policy issue, adopting a certain standard or cooperating on regional or national matters. Compacts are the most powerful, durable and adaptive tools for ensuring cooperative action among states. Unlike the rigid and often unfunded mandates imposed by the federal government, interstate compacts provide a state-developed structure for collaborative action and consensus-building among states and federal partners.

### How many professions use an interstate compact to facilitate interstate practice?

Currently, licensure compacts exist for nurses, physicians, physical therapists, psychologists, emergency management personnel, speech-language pathologists and audiologists. Licensure compacts for occupational therapists and occupational therapy assistants, physician assistants, and advanced practice nurses are under development.

### Are all occupational licensure compacts the same?

Not exactly, but most are similar in form and function. There are two types of occupational licensure compacts – the *expedited licensure* model and the *mutual recognition* model. The Interstate Medical Licensure Compact is the only expedited licensure compact. The remaining licensure compacts utilize the mutual recognition model, in which a practitioner's home state license is "mutually recognized" by other compact member states. Mutual recognition model compacts allow a practitioner to practice in the compact member states either using a multi-state license or by obtaining a "privilege to practice" (see below).

### How does the Counseling Compact work?

The Counseling Compact is a mutual recognition model compact that is similar in form and function to occupational licensure compacts for nursing, physical therapy, psychology, and speech-language pathology and audiology. The Counseling Compact allows licensed professional counselors to practice in all other compact member states – either in-person or via telehealth – through a *privilege to practice*, which is equivalent to a license.

The Counseling Compact establishes an interstate commission, made up of delegates from compact member states, to administer the Compact. The Counseling Compact also creates a licensure data system for Compact member state boards to communicate and exchange information, including verification of licensure and disciplinary sanctions. An interstate commission and data system are standard features of all occupational licensure compacts.

### What is a "privilege to practice"?

A privilege to practice is the authorization to practice in a compact member state other than your home state. To be eligible for a privilege to practice, you must hold an active professional counselor license in your home state (which must be a member of the compact) and meet other eligibility criteria, such as having no disciplinary action against your license for at least two years. When eligibility is verified, jurisprudence requirements are met, and all fees are paid, you receive the privilege to practice and may begin legally working in the new state.

### What are the requirements for a privilege to practice?

A licensed professional counselor must notify the commission of their intent to seek the privilege to practice in another compact state, and meet the following criteria to get a privilege to practice:

- Have a Social Security Number or a National Provider Identifier
- Hold a valid license in their home state, which must be a member of the compact
- Have no encumbrances on any state license currently, and no adverse actions or restrictions against any license within the previous two years
- Pass an FBI Fingerprint-Based Criminal Background Check
- Meet any jurisprudence requirements for the member state in which they are seeking a privilege
- Complete any continuing education requirements required by their *home state* only
- Pay any fees for the privilege to practice

Privilege holders must adhere to the laws and regulations of the Compact member state in which they are practicing and report to the commission any adverse action taken by a non-member state within 30 days after the action is taken.

### Does a privilege to practice allow the privilege holder to practice via telehealth in a remote state?

A privilege to practice allows the holder to provide professional counseling services in another member state under the scope of practice of the state where the client is located, whether the practice is in person or via telehealth. Privilege holders should consult laws and rules of the state in which they wish to practice in order to determine the specific telehealth requirements.

### Do professional counselors have to complete continuing education requirements in states where they are practicing via privilege to practice?

No. Professional counselors utilizing the compact are only responsible for completing continuing education requirements for their home state license.

### Do professional counselors need a separate privilege to practice for each state in which they want to provide counseling services?

Yes. A privilege to practice is not a multi-state license. A practitioner will need to get a privilege to practice in *each* state in which they want to provide counseling services.

A practitioner may work legally in a *member* state via either a license or a privilege to practice. A practitioner will need to hold a state-specific license to practice in *non-member* states.

### Section 3 of the Counseling Compact states that a practitioner can participate in the compact with only 60 semester-hours of graduate course work in certain areas. Can a counselor participate in the compact without a master's degree?

No. It is important to remember that Section 3 describes requirements for a state to participate in the compact, not licensees. For a state to join the Counseling Compact they must have certain requirements, which most states meet.

For instance, a state must license practitioners. A state must require licensees to pass a national exam. A state must require licensees to complete a supervised post graduate professional experience.

The requirement for 60 semester-hours (or 90 quarter-hours) of graduate course work assumes an earned master's degree.

First, as noted above, the Counseling Compact requires that member states license the profession of Licensed Professional Counselors and that practitioners hold a license in a member state.

Second, the Counseling Compact is built around the current licensure requirements in the states. *All* states require an earned master's degree for licensure and the Counseling Compact reflects this reality. Further, applicants for state licensure must have an earned master's degree to sit for a national exam.

Lastly, the Counseling Compact requires licensees to complete a supervised postgraduate professional experience. "Postgraduate" presumes an earned master's degree by the practitioner.

It is important to read the compact language in its totality. Interstate compacts for occupational licensure mirror current predominant state licensure requirements and all states require an earned master's degree for licensure as a counselor. The Counseling Compact recognizes and respects this requirement and assumes it will continue.

### What are the advantages of the Counseling Compact?

The Counseling Compact allows eligible professional counselors to practice in all states that join the Compact. It removes the need for practitioners to get a license in each Compact state in which they want to practice. The goal of the Counseling Compact, like all licensure compacts, is to eliminate barriers to practice and to client care by ensuring cooperation among member-state regulatory boards.

Other benefits include:

- Preserving and strengthening state licensure systems
- Enhancing public safety
- Improving access to professional counseling services
- Increasing market opportunities for professional counselors by authorizing both in-person practice and telehealth
- Enhancing mobility of professional counselors
- Supporting relocating military spouses
- Improving continuity of care when clients travel or relocate
- Encouraging cooperation among Compact member states in regulating the practice of professional counseling

### How can a state/jurisdiction become a member of the Counseling Compact?

Each state's legislature must enact the Counseling Compact language into law to become a member of the Compact.

### Why is the Counseling Compact important to consumers?

Through the Counseling Compact, consumers have greater access to care. The Counseling Compact allows licensed professional counselors to ensure continuity of care when clients relocate. Professional counselors also will be able to reach populations that are currently underserved, geographically isolated or lack specialty care.

Additionally, states gain a supplementary layer of oversight of professional counselors who may enter their state to practice. The Counseling Compact data system will allow member states to verify instantaneously that professional counselors based in other states have met defined standards and competencies and are in good standing with other states' regulatory boards. The Counseling Compact data system will help states better protect the public.

# Counseling Compact Model Legislation

*As approved by the Advisory Group on December 4, 2020*

### *Special Note*

*The following language must be enacted by a state in order to officially join the Counseling Compact.*

*No substantive changes should be made to the model language. Substantive changes may jeopardize the enacting state's participation in the compact.*

*The Council of State Governments National Center for Interstate Compacts reviews state Compact legislation to ensure consistency with the model language. Please direct any inquiries to Andrew Bates at abates@csg.org.*

## COUNSELING COMPACT MODEL LEGISLATION

### SECTION 1: PURPOSE

The purpose of this Compact is to facilitate interstate practice of Licensed Professional Counselors with the goal of improving public access to Professional Counseling services. The practice of Professional Counseling occurs in the State where the client is located at the time of the counseling services. The Compact preserves the regulatory authority of States to protect public health and safety through the current system of State licensure.

This Compact is designed to achieve the following objectives:

A. Increase public access to Professional Counseling services by providing for the mutual recognition of other Member State licenses;

B. Enhance the States' ability to protect the public's health and safety;

C. Encourage the cooperation of Member States in regulating multistate practice for Licensed Professional Counselors;

D. Support spouses of relocating Active Duty Military personnel;

E. Enhance the exchange of licensure, investigative, and disciplinary information among Member States;

F. Allow for the use of Telehealth technology to facilitate increased access to Professional Counseling services;

G. Support the uniformity of Professional Counseling licensure requirements throughout the States to promote public safety and public health benefits;

H. Invest all Member States with the authority to hold a Licensed Professional Counselor accountable for meeting all State practice laws in the State in which the client is located at the time care is rendered through the mutual recognition of Member State licenses;

I. Eliminate the necessity for licenses in multiple States; and

J. Provide opportunities for interstate practice by Licensed Professional Counselors who meet uniform licensure requirements.

## SECTION 2. DEFINITIONS

As used in this Compact, and except as otherwise provided, the following definitions shall apply:

A. **"Active Duty Military"** means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Chapters 1209 and 1211.

B. **"Adverse Action"** means any administrative, civil, equitable or criminal action permitted by a State's laws which is imposed by a licensing board or other authority against a Licensed Professional Counselor, including actions against an individual's license or Privilege to Practice such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other Encumbrance on licensure affecting a Licensed Professional Counselor's authorization to practice, including issuance of a cease and desist action.

C. **"Alternative Program"** means a non-disciplinary monitoring or practice remediation process approved by a Professional Counseling Licensing Board to address Impaired Practitioners.

D. **"Continuing Competence/Education"** means a requirement, as a condition of license renewal, to provide evidence of participation in, and/or completion of, educational and professional activities relevant to practice or area of work.

E. **"Counseling Compact Commission" or "Commission"** means the national administrative body whose membership consists of all States that have enacted the Compact.

F. **"Current Significant Investigative Information"** means:

1. Investigative Information that a Licensing Board, after a preliminary inquiry that includes notification and an opportunity for the Licensed Professional Counselor to respond, if required by State law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

2. Investigative Information that indicates that the Licensed Professional Counselor represents an immediate threat to public health and safety regardless of whether

the Licensed Professional Counselor has been notified and had an opportunity to respond.

G. **"Data System"** means a repository of information about Licensees, including, but not limited to, continuing education, examination, licensure, investigative, Privilege to Practice and Adverse Action information.

H. **"Encumbered License"** means a license in which an Adverse Action restricts the practice of licensed Professional Counseling by the Licensee and said Adverse Action has been reported to the National Practitioners Data Bank (NPDB).

I. **"Encumbrance"** means a revocation or suspension of, or any limitation on, the full and unrestricted practice of Licensed Professional Counseling by a Licensing Board.

J. **"Executive Committee"** means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.

K. **"Home State"** means the Member State that is the Licensee's primary State of residence.

L. **"Impaired Practitioner"** means an individual who has a condition(s) that may impair their ability to practice as a Licensed Professional Counselor without some type of intervention and may include, but are not limited to, alcohol and drug dependence, mental health impairment, and neurological or physical impairments.

M. **"Investigative Information"** means information, records, and documents received or generated by a Professional Counseling Licensing Board pursuant to an investigation.

N. **"Jurisprudence Requirement"** if required by a Member State, means the assessment of an individual's knowledge of the laws and Rules governing the practice of Professional Counseling in a State.

O. **"Licensed Professional Counselor"** means a counselor licensed by a Member State, regardless of the title used by that State, to independently assess, diagnose, and treat behavioral health conditions.

P. **"Licensee"** means an individual who currently holds an authorization from the State to practice as a Licensed Professional Counselor.

Q. **"Licensing Board"** means the agency of a State, or equivalent, that is responsible for the licensing and regulation of Licensed Professional Counselors.

R. **"Member State"** means a State that has enacted the Compact.

S. **"Privilege to Practice"** means a legal authorization, which is equivalent to a license, permitting the practice of Professional Counseling in a Remote State.

T. **"Professional Counseling"** means the assessment, diagnosis, and treatment of behavioral health conditions by a Licensed Professional Counselor.

U. **"Remote State"** means a Member State other than the Home State, where a Licensee is exercising or seeking to exercise the Privilege to Practice.

V. **"Rule"** means a regulation promulgated by the Commission that has the force of law.

W. **"Single State License"** means a Licensed Professional Counselor license issued by a Member State that authorizes practice only within the issuing State and does not include a Privilege to Practice in any other Member State.

X. **"State"** means any state, commonwealth, district, or territory of the United States of America that regulates the practice of Professional Counseling.

Y. **"Telehealth"** means the application of telecommunication technology to deliver Professional Counseling services remotely to assess, diagnose, and treat behavioral health conditions.

Z. **"Unencumbered License"** means a license that authorizes a Licensed Professional Counselor to engage in the full and unrestricted practice of Professional Counseling.

## SECTION 3. STATE PARTICIPATION IN THE COMPACT

A. To Participate in the Compact, a State must currently:

1. License and regulate Licensed Professional Counselors;
2. Require Licensees to pass a nationally recognized exam approved by the Commission;
3. Require Licensees to have a 60 semester-hour (or 90 quarter-hour) master's degree in counseling or 60 semester-hours (or 90 quarter-hours) of graduate course work including the following topic areas:
    a. Professional Counseling Orientation and Ethical Practice;

b. Social and Cultural Diversity;

c. Human Growth and Development;

d. Career Development;

e. Counseling and Helping Relationships;

f. Group Counseling and Group Work;

g. Diagnosis and Treatment; Assessment and Testing;

h. Research and Program Evaluation; and

i. Other areas as determined by the Commission.

4. Require Licensees to complete a supervised postgraduate professional experience as defined by the Commission;

5. Have a mechanism in place for receiving and investigating complaints about Licensees.

B. A Member State shall:

1. Participate fully in the Commission's Data System, including using the Commission's unique identifier as defined in Rules;

2. Notify the Commission, in compliance with the terms of the Compact and Rules, of any Adverse Action or the availability of Investigative Information regarding a Licensee;

3. Implement or utilize procedures for considering the criminal history records of applicants for an initial Privilege to Practice. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that State's criminal records;

a. A member state must fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search and shall use

the results in making licensure decisions.

b. Communication between a Member State, the Commission and among Member States regarding the verification of eligibility for licensure through the Compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a Member State under Public Law 92-544.

4. Comply with the Rules of the Commission;

5. Require an applicant to obtain or retain a license in the Home State and meet the Home State's qualifications for licensure or renewal of licensure, as well as all other applicable State laws;

6. Grant the Privilege to Practice to a Licensee holding a valid Unencumbered License in another Member State in accordance with the terms of the Compact and Rules; and

7. Provide for the attendance of the State's commissioner to the Counseling Compact Commission meetings.

C. Member States may charge a fee for granting the Privilege to Practice.

D. Individuals not residing in a Member State shall continue to be able to apply for a Member State's Single State License as provided under the laws of each Member State. However, the Single State License granted to these individuals shall not be recognized as granting a Privilege to Practice Professional Counseling in any other Member State.

E. Nothing in this Compact shall affect the requirements established by a Member State for the issuance of a Single State License.

F. A license issued to a Licensed Professional Counselor by a Home State to a resident in that State shall be recognized by each Member State as authorizing a Licensed Professional Counselor to practice Professional Counseling, under a Privilege to Practice, in each Member State.

## SECTION 4. PRIVILEGE TO PRACTICE

A. To exercise the Privilege to Practice under the terms and provisions of the Compact, the Licensee shall:

1. Hold a license in the Home State;
2. Have a valid United States Social Security Number or National Practitioner Identifier;
3. Be eligible for a Privilege to Practice in any Member State in accordance with Section 4(D), (G) and (H);
4. Have not had any Encumbrance or restriction against any license or Privilege to Practice within the previous two (2) years;
5. Notify the Commission that the Licensee is seeking the Privilege to Practice within a Remote State(s);
6. Pay any applicable fees, including any State fee, for the Privilege to Practice;
7. Meet any Continuing Competence/Education requirements established by the Home State;
8. Meet any Jurisprudence Requirements established by the Remote State(s) in which the Licensee is seeking a Privilege to Practice; and
9. Report to the Commission any Adverse Action, Encumbrance, or restriction on license taken by any non-Member State within 30 days from the date the action is taken.

B. The Privilege to Practice is valid until the expiration date of the Home State license. The Licensee must comply with the requirements of Section 4(A) to maintain the Privilege to Practice in the Remote State.

C. A Licensee providing Professional Counseling in a Remote State under the Privilege to Practice shall adhere to the laws and regulations of the Remote State.

D. A Licensee providing Professional Counseling services in a Remote State is subject to that State's regulatory authority. A Remote State may, in accordance with due process and that State's laws, remove a Licensee's Privilege to Practice in the Remote State for a

specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens. The Licensee may be ineligible for a Privilege to Practice in any Member State until the specific time for removal has passed and all fines are paid.

E. If a Home State license is encumbered, the Licensee shall lose the Privilege to Practice in any Remote State until the following occur:

1. The Home State license is no longer encumbered; and

2. Have not had any Encumbrance or restriction against any license or Privilege to Practice within the previous two (2) years.

F. Once an Encumbered License in the Home State is restored to good standing, the Licensee must meet the requirements of Section 4(A) to obtain a Privilege to Practice in any Remote State.

G. If a Licensee's Privilege to Practice in any Remote State is removed, the individual may lose the Privilege to Practice in all other Remote States until the following occur:

1. The specific period of time for which the Privilege to Practice was removed has ended;

2. All fines have been paid; and

3. Have not had any Encumbrance or restriction against any license or Privilege to Practice within the previous two (2) years.

H. Once the requirements of Section 4(G) have been met, the Licensee must meet the requirements in Section 4(A) to obtain a Privilege to Practice in a Remote State.

## SECTION 5: OBTAINING A NEW HOME STATE LICENSE BASED ON A PRIVILEGE TO PRACTICE

A. A Licensed Professional Counselor may hold a Home State license, which allows for a Privilege to Practice in other Member States, in only one Member State at a time.

B. If a Licensed Professional Counselor changes primary State of residence by moving between two Member States:

1. The Licensed Professional Counselor shall file an application for obtaining a new Home State license based on a Privilege to Practice, pay all applicable fees, and notify the current and new Home State in accordance with applicable Rules adopted by the Commission.

2. Upon receipt of an application for obtaining a new Home State license by virtue of a Privilege to Practice, the new Home State shall verify that the Licensed Professional Counselor meets the pertinent criteria outlined in Section 4 via the Data System, without need for primary source verification except for:

    a. a Federal Bureau of Investigation fingerprint based criminal background check if not previously performed or updated pursuant to applicable rules adopted by the Commission in accordance with Public Law 92-544;

    b. other criminal background check as required by the new Home State; and

    c. completion of any requisite Jurisprudence Requirements of the new Home State.

3. The former Home State shall convert the former Home State license into a Privilege to Practice once the new Home State has activated the new Home State license in accordance with applicable Rules adopted by the Commission.

4. Notwithstanding any other provision of this Compact, if the Licensed Professional Counselor cannot meet the criteria in Section 4, the new Home State may apply its requirements for issuing a new Single State License.

5. The Licensed Professional Counselor shall pay all applicable fees to the new Home State in order to be issued a new Home State license.

C. If a Licensed Professional Counselor changes Primary State of Residence by moving from a Member State to a non-Member State, or from a non-Member State to a Member State, the State criteria shall apply for issuance of a Single State License in the new State.

D. Nothing in this Compact shall interfere with a Licensee's ability to hold a Single State License in multiple States, however for the purposes of this Compact, a Licensee shall have only one Home State license.

E. Nothing in this Compact shall affect the requirements established by a Member State for the issuance of a Single State License.

## SECTION 6. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

Active Duty Military personnel, or their spouse, shall designate a Home State where the individual has a current license in good standing. The individual may retain the Home State designation during the period the service member is on active duty. Subsequent to designating a Home State, the individual shall only change their Home State through application for licensure in the new State, or through the process outlined in Section 5.

## SECTION 7. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

A. Member States shall recognize the right of a Licensed Professional Counselor, licensed by a Home State in accordance with Section 3 and under Rules promulgated by the Commission, to practice Professional Counseling in any Member State via Telehealth under a Privilege to Practice as provided in the Compact and Rules promulgated by the Commission.

B. A Licensee providing Professional Counseling services in a Remote State under the Privilege to Practice shall adhere to the laws and regulations of the Remote State.

## SECTION 8. ADVERSE ACTIONS

A. In addition to the other powers conferred by State law, a Remote State shall have the authority, in accordance with existing State due process law, to:

1. Take Adverse Action against a Licensed Professional Counselor's Privilege to Practice within that Member State, and

2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a Licensing Board in a Member State for the attendance and testimony of witnesses or the production of evidence from another Member State shall be enforced in the latter State by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the State in which the witnesses or evidence are located.

3. Only the Home State shall have the power to take Adverse Action against a Licensed Professional Counselor's license issued by the Home State.

B. For purposes of taking Adverse Action, the Home State shall give the same priority and effect to reported conduct received from a Member State as it would if the conduct had occurred within the Home State. In so doing, the Home State shall apply its own State laws to determine appropriate action.

C. The Home State shall complete any pending investigations of a Licensed Professional Counselor who changes primary State of residence during the course of the investigations. The Home State shall also have the authority to take appropriate action(s) and shall promptly report the conclusions of the investigations to the administrator of the Data System. The administrator of the coordinated licensure information system shall promptly notify the new Home State of any Adverse Actions.

D. A Member State, if otherwise permitted by State law, may recover from the affected Licensed Professional Counselor the costs of investigations and dispositions of cases resulting from any Adverse Action taken against that Licensed Professional Counselor.

E. A Member State may take Adverse Action based on the factual findings of the Remote State, provided that the Member State follows its own procedures for taking the Adverse Action.

F. Joint Investigations:

1. In addition to the authority granted to a Member State by its respective Professional Counseling practice act or other applicable State law, any Member State may participate with other Member States in joint investigations of Licensees.

2. Member States shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

G. If Adverse Action is taken by the Home State against the license of a Licensed Professional Counselor, the Licensed Professional Counselor's Privilege to Practice in all other Member States shall be deactivated until all Encumbrances have been removed from the State license. All Home State disciplinary orders that impose Adverse Action against the license of a Licensed Professional Counselor shall include a Statement that the Licensed Professional Counselor's Privilege to Practice is deactivated in all Member States during the pendency of the order.

H. If a Member State takes Adverse Action, it shall promptly notify the administrator of the Data System. The administrator of the Data System shall promptly notify the Home State of any Adverse Actions by Remote States.

I. Nothing in this Compact shall override a Member State's decision that participation in an Alternative Program may be used in lieu of Adverse Action.

## SECTION 9. ESTABLISHMENT OF COUNSELING COMPACT COMMISSION

A. The Compact Member States hereby create and establish a joint public agency known as the Counseling Compact Commission:

1. The Commission is an instrumentality of the Compact States.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings

1. Each Member State shall have and be limited to one (1) delegate selected by that Member State's Licensing Board.

2. The delegate shall be either:

   a. A current member of the Licensing Board at the time of appointment, who is a Licensed Professional Counselor or public member; or

   b. An administrator of the Licensing Board.

3. Any delegate may be removed or suspended from office as provided by the law of the State from which the delegate is appointed.

4. The Member State Licensing Board shall fill any vacancy occurring on the Commission within 60 days.

5. Each delegate shall be entitled to one (1) vote with regard to the promulgation of

Rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.

6. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

7. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

8. The Commission shall by Rule establish a term of office for delegates and may by Rule establish term limits.

C. The Commission shall have the following powers and duties:

1. Establish the fiscal year of the Commission;

2. Establish bylaws;

3. Maintain its financial records in accordance with the bylaws;

4. Meet and take such actions as are consistent with the provisions of this Compact and the bylaws;

5. Promulgate Rules which shall be binding to the extent and in the manner provided for in the Compact;

6. Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any State Licensing Board to sue or be sued under applicable law shall not be affected;

7. Purchase and maintain insurance and bonds;

8. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a Member State;

9. Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

10. Accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;

11. Lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall avoid any appearance of impropriety;

12. Sell convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

13. Establish a budget and make expenditures;

14. Borrow money;

15. Appoint committees, including standing committees composed of members, State regulators, State legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the bylaws;

16. Provide and receive information from, and cooperate with, law enforcement agencies;

17. Establish and elect an Executive Committee; and

18. Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the State regulation of Professional Counseling licensure and practice.

D. The Executive Committee

1. The Executive Committee shall have the power to act on behalf of the Commission according to the terms of this Compact.

2. The Executive Committee shall be composed of up to eleven (11) members:

   a. Seven voting members who are elected by the Commission from the current membership of the Commission; and

   b. Up to four (4) ex-officio, nonvoting members from four (4) recognized national

professional counselor organizations.

c. The ex-officio members will be selected by their respective organizations.

3. The Commission may remove any member of the Executive Committee as provided in bylaws.

4. The Executive Committee shall meet at least annually.

5. The Executive Committee shall have the following duties and responsibilities:

a. Recommend to the entire Commission changes to the Rules or bylaws, changes to this Compact legislation, fees paid by Compact Member States such as annual dues, and any Commission Compact fee charged to Licensees for the Privilege to Practice;

b. Ensure Compact administration services are appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the Commission;

e. Monitor Compact compliance of Member States and provide compliance reports to the Commission;

f. Establish additional committees as necessary; and

g. Other duties as provided in Rules or bylaws.

E. Meetings of the Commission

1. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the Rulemaking provisions in Section 11.

2. The Commission or the Executive Committee or other committees of the Commission may convene in a closed, non-public meeting if the Commission or Executive Committee or other committees of the Commission must discuss:

a. Non-compliance of a Member State with its obligations under the Compact;

b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated litigation;

d. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

e. Accusing any person of a crime or formally censuring any person;

f. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigative records compiled for law enforcement purposes;

i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact; or

j. Matters specifically exempted from disclosure by federal or Member State statute.

3. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

4. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

F. Financing of the Commission

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

2. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

3. The Commission may levy on and collect an annual assessment from each Member State or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a Rule binding upon all Member States.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the Member States, except by and with the authority of the Member State.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

G. Qualified Immunity, Defense, and Indemnification

1. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

2. The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

## SECTION 10. DATA SYSTEM

A. The Commission shall provide for the development, maintenance, operation, and utilization of a coordinated database and reporting system containing licensure, Adverse Action, and Investigative Information on all licensed individuals in Member States.

B. Notwithstanding any other provision of State law to the contrary, a Member State shall submit a uniform data set to the Data System on all individuals to whom this Compact is applicable as required by the Rules of the Commission, including:

1. Identifying information;

2. Licensure data;

3. Adverse Actions against a license or Privilege to Practice;

4. Non-confidential information related to Alternative Program participation;

5. Any denial of application for licensure, and the reason(s) for such denial;

6. Current Significant Investigative Information; and

7. Other information that may facilitate the administration of this Compact, as determined by the Rules of the Commission.

C. Investigative Information pertaining to a Licensee in any Member State will only be available to other Member States.

D. The Commission shall promptly notify all Member States of any Adverse Action taken against a Licensee or an individual applying for a license. Adverse Action information pertaining to a Licensee in any Member State will be available to any other Member State.

E. Member States contributing information to the Data System may designate information that may not be shared with the public without the express permission of the contributing State.

F. Any information submitted to the Data System that is subsequently required to be expunged by the laws of the Member State contributing the information shall be removed from the Data System.

## SECTION 11. RULEMAKING

A. The Commission shall promulgate reasonable Rules in order to effectively and efficiently achieve the purpose of the Compact. Notwithstanding the foregoing, in the event the Commission exercises its Rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the Commission shall be invalid and have no force or effect.

B. The Commission shall exercise its Rulemaking powers pursuant to the criteria set forth in this Section and the Rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each Rule or amendment.

C. If a majority of the legislatures of the Member States rejects a Rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within four (4) years of the date of adoption of the Rule, then such Rule shall have no further force and effect in any Member State.

D. Rules or amendments to the Rules shall be adopted at a regular or special meeting of the Commission.

E. Prior to promulgation and adoption of a final Rule or Rules by the Commission, and at least thirty (30) days in advance of the meeting at which the Rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

1. On the website of the Commission or other publicly accessible platform; and

2. On the website of each Member State Professional Counseling Licensing Board or other publicly accessible platform or the publication in which each State would otherwise publish proposed Rules.

F. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the Rule will be considered and voted upon;

2. The text of the proposed Rule or amendment and the reason for the proposed Rule;

3. A request for comments on the proposed Rule from any interested person; and

4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

G. Prior to adoption of a proposed Rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

H. The Commission shall grant an opportunity for a public hearing before it adopts a Rule or amendment if a hearing is requested by:

1. At least twenty-five (25) persons;

2. A State or federal governmental subdivision or agency; or

3. An association having at least twenty-five (25) members.

I. If a hearing is held on the proposed Rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and

testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. All hearings will be recorded. A copy of the recording will be made available on request.

4. Nothing in this section shall be construed as requiring a separate hearing on each Rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

J. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed Rule without a public hearing.

L. The Commission shall, by majority vote of all members, take final action on the proposed Rule and shall determine the effective date of the Rule, if any, based on the Rulemaking record and the full text of the Rule.

M. Upon determination that an emergency exists, the Commission may consider and adopt an emergency Rule without prior notice, opportunity for comment, or hearing, provided that the usual Rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the Rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the Rule. For the purposes of this provision, an emergency Rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;

2. Prevent a loss of Commission or Member State funds;

3. Meet a deadline for the promulgation of an administrative Rule that is established by federal law or Rule; or

4. Protect public health and safety.

N. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted Rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a Rule. A challenge shall be made in writing and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

## SECTION 12. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. Oversight

1. The executive, legislative, and judicial branches of State government in each Member State shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the Rules promulgated hereunder shall have standing as statutory law.

2. All courts shall take judicial notice of the Compact and the Rules in any judicial or administrative proceeding in a Member State pertaining to the subject matter of this Compact which may affect the powers, responsibilities, or actions of the Commission.

3. The Commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated Rules.

B. Default, Technical Assistance, and Termination

1. If the Commission determines that a Member State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated Rules, the Commission shall:

a. Provide written notice to the defaulting State and other Member States of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and

b. Provide remedial training and specific technical assistance regarding the default.

C. If a State in default fails to cure the default, the defaulting State may be terminated from the Compact upon an affirmative vote of a majority of the Member States, and all rights, privileges and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending State of obligations or liabilities incurred during the period of default.

D. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting State's legislature, and each of the Member States.

E. A State that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

F. The Commission shall not bear any costs related to a State that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting State.

G. The defaulting State may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

H. Dispute Resolution

1. Upon request by a Member State, the Commission shall attempt to resolve disputes related to the Compact that arise among Member States and between member and non-Member States.

2. The Commission shall promulgate a Rule providing for both mediation and binding dispute resolution for disputes as appropriate.

I. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and Rules of this Compact.

2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a Member State in default to enforce compliance with the provisions of the Compact and its promulgated Rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or State law.

## SECTION 13. DATE OF IMPLEMENTATION OF THE COUNSELING COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the tenth Member State. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of Rules. Thereafter, the Commission shall meet and exercise Rulemaking powers necessary to the implementation and administration of the Compact.

B. Any State that joins the Compact subsequent to the Commission's initial adoption of the Rules shall be subject to the Rules as they exist on the date on which the Compact becomes law in that State. Any Rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that State.

C. Any Member State may withdraw from this Compact by enacting a statute repealing the same.

1. A Member State's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Professional Counseling Licensing Board to comply with the investigative and Adverse Action reporting requirements of this act prior to the effective date of withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any Professional Counseling licensure agreement or other cooperative arrangement between a Member State and a non-Member State that does not conflict with the provisions of this Compact.

E. This Compact may be amended by the Member States. No amendment to this Compact shall become effective and binding upon any Member State until it is enacted into the laws of all Member States.

## SECTION 14. CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any Member State or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any Member State, the Compact shall remain in full force and effect as to the remaining Member States and in full force and effect as to the Member State affected as to all severable matters.

## SECTION 15. BINDING EFFECT OF COMPACT AND OTHER LAWS

A. A Licensee providing Professional Counseling services in a Remote State under the Privilege to Practice shall adhere to the laws and regulations, including scope of practice, of the Remote State.

B. Nothing herein prevents the enforcement of any other law of a Member State that is not inconsistent with the Compact.

C. Any laws in a Member State in conflict with the Compact are superseded to the extent of the conflict.

D. Any lawful actions of the Commission, including all Rules and bylaws properly promulgated by the Commission, are binding upon the Member States.

E. All permissible agreements between the Commission and the Member States are binding in accordance with their terms.

F. In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any Member State, the provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that Member State.

Guidance document: 115-8

Adopted: November 3, 2017
Revised: February 9, 2018

# Board of Counseling

## Approved Degrees in Human Services and Related Fields for QMHP Registration

Regulations for the Virginia Board of Counseling provide in 18VAC115-80-40 that a person may qualify as a QMHP-A with a "master's or bachelor's degree in human services or a related field from an accredited college." Section 18VAC115-80-50 provides that "a person may qualify as a QMHP-C with a "master's or bachelor's degree in human services or in special education from an accredited college."

The Board defines "human services" as an area of study that focuses on the biological, psychological, behavioral, and social aspects of human welfare with focus on the direct services designed to improve it. The Board recognizes the following degrees as "human services or related fields:"

Art Therapy
Behavioral Sciences
Child Development
Child and Family Studies/Services
Cognitive Sciences
Community Mental Health
Counseling (Mental health, Vocational, Pastoral, etc.)
Counselor Education
Early Childhood Development
Education (with a focus in psychology and/or special education)
Educational Psychology
Family Development/Relations
Gerontology
Health and Human Services
Human Development
Human Services
Marriage and Family Therapy
Music Therapy
Nursing
Psychiatric Rehabilitation
Psychology
Rehabilitation Counseling
School Counseling
Social Work
Special Education
Therapeutic Recreation
Vocational Rehabilitation
Sociology – (accepted until May 31, 2021)

The Board may consider other degrees in human services or in fields related to the provision of mental health services.

Virginia Department of Health Professions
Cash Balance
As of june 30, 2021

| | 109 Counseling |
|---|---|
| **Board Cash Balance as June 30, 2020** | $ 2,083,660 |
| **YTD FY21 Revenue** | 2,010,340 |
| **Less: YTD FY21 Direct and Allocated Expenditures** | 1,565,247 |
| **Board Cash Balance as June 30, 2021** | $ 2,528,753 |

**Virginia Department of Health Professions**

**Revenue and Expenditures Summary**

**Department 10900 - Counseling**

**For the Period Beginning July 1, 2020 and Ending June 30, 2021**

| Account Number | Account Description | Amount | Budget | Amount Under/(Over) Budget | % of Budget |
|---|---|---|---|---|---|
| 4002400 | Fee Revenue | | | | |
| 4002401 | Application Fee | 465,396.00 | 294,600.00 | (170,796.00) | 157.98% |
| 4002406 | License & Renewal Fee | 1,525,535.00 | 1,533,075.00 | 7,540.00 | 99.51% |
| 4002407 | Dup. License Certificate Fee | 5,970.00 | 825.00 | (5,145.00) | 723.64% |
| 4002409 | Board Endorsement - Out | 9,705.00 | 1,740.00 | (7,965.00) | 557.76% |
| 4002421 | Monetary Penalty & Late Fees | 320.00 | 13,960.00 | 13,640.00 | 2.29% |
| 4002430 | Board Changes Fee | 2,340.00 | - | (2,340.00) | 0.00% |
| 4002432 | Misc. Fee (Bad Check Fee) | 380.00 | 140.00 | (240.00) | 271.43% |
| | Total Fee Revenue | 2,009,646.00 | 1,844,340.00 | (165,306.00) | 108.96% |
| 4003000 | Sales of Prop. & Commodities | | | | |
| 4003020 | Misc. Sales-Dishonored Payments | 694.00 | - | (694.00) | 0.00% |
| | Total Sales of Prop. & Commodities | 694.00 | - | (694.00) | 0.00% |
| | Total Revenue | 2,010,340.00 | 1,844,340.00 | (166,000.00) | 109.00% |
| 5011110 | Employer Retirement Contrib. | 19,819.78 | 22,136.52 | 2,316.74 | 89.53% |
| 5011120 | Fed Old-Age Ins- Sal St Emp | 14,356.16 | 13,241.23 | (1,114.93) | 108.42% |
| 5011140 | Group Insurance | 2,117.85 | 2,051.38 | (66.47) | 103.24% |
| 5011150 | Medical/Hospitalization Ins. | 22,327.50 | 38,112.00 | 15,784.50 | 58.58% |
| 5011160 | Retiree Medical/Hospitalizatn | 1,774.05 | 1,714.59 | (59.46) | 103.47% |
| 5011170 | Long term Disability Ins | 965.53 | 933.84 | (31.69) | 103.39% |
| | Total Employee Benefits | 61,360.87 | 78,189.56 | 16,828.69 | 78.48% |
| 5011200 | Salaries | | | | |
| 5011230 | Salaries, Classified | 158,307.23 | 153,088.00 | (5,219.23) | 103.41% |
| 5011250 | Salaries, Overtime | 28,330.89 | - | (28,330.89) | 0.00% |
| | Total Salaries | 186,638.12 | 153,088.00 | (33,550.12) | 121.92% |
| 5011300 | Special Payments | | | | |
| 5011310 | Bonuses and Incentives | 66.00 | - | (66.00) | 0.00% |
| 5011340 | Specified Per Diem Payment | 2,500.00 | - | (2,500.00) | 0.00% |
| 5011380 | Deferred Compnstn Match Pmts | 288.00 | 1,728.00 | 1,440.00 | 16.67% |
| | Total Special Payments | 2,854.00 | 1,728.00 | (1,126.00) | 165.16% |
| 5011400 | Wages | | | | |
| 5011410 | Wages, General | 4,893.90 | 20,000.00 | 15,106.10 | 24.47% |
| | Total Wages | 4,893.90 | 20,000.00 | 15,106.10 | 24.47% |
| 5011600 | Terminatn Personal Svce Costs | | | | |
| 5011660 | Defined Contribution Match - Hy | 3,004.23 | - | (3,004.23) | 0.00% |
| | Total Terminatn Personal Svce Costs | 3,004.23 | - | (3,004.23) | 0.00% |
| 5011930 | Turnover/Vacancy Benefits | | - | - | 0.00% |
| | Total Personal Services | 258,751.12 | 253,005.56 | (5,745.56) | 102.27% |
| 5012000 | Contractual Svs | | | | |
| 5012100 | Communication Services | | | | |
| 5012110 | Express Services | - | 295.00 | 295.00 | 0.00% |
| 5012120 | Outbound Freight Services | 5.19 | - | (5.19) | 0.00% |

**Virginia Department of Health Professions**

**Revenue and Expenditures Summary**

**Department 10900 - Counseling**

**For the Period Beginning July 1, 2020 and Ending June 30, 2021**

| Account Number | Account Description | Amount | Budget | Amount Under/(Over) Budget | % of Budget |
|---|---|---|---|---|---|
| 5012140 | Postal Services | 10,237.87 | 8,232.00 | (2,005.87) | 124.37% |
| 5012150 | Printing Services | 6.00 | 120.00 | 114.00 | 5.00% |
| 5012160 | Telecommunications Svcs (VITA) | 698.06 | 900.00 | 201.94 | 77.56% |
| 5012190 | Inbound Freight Services | 20.99 | - | (20.99) | 0.00% |
| | Total Communication Services | 10,968.11 | 9,547.00 | (1,421.11) | 114.89% |
| 5012200 | Employee Development Services | | | | |
| 5012210 | Organization Memberships | 1,400.00 | 1,400.00 | - | 100.00% |
| 5012240 | Employee Trainng/Workshop/Conf | 1,175.00 | - | (1,175.00) | 0.00% |
| | Total Employee Development Services | 2,575.00 | 1,400.00 | (1,175.00) | 183.93% |
| 5012300 | Health Services | | | | |
| 5012360 | X-ray and Laboratory Services | - | 140.00 | 140.00 | 0.00% |
| | Total Health Services | - | 140.00 | 140.00 | 0.00% |
| 5012400 | Mgmnt and Informational Svcs | - | | | |
| 5012420 | Fiscal Services | 26,987.70 | 9,280.00 | (17,707.70) | 290.82% |
| 5012440 | Management Services | 390.40 | 134.00 | (256.40) | 291.34% |
| 5012460 | Public Infrmtnl & Relatn Svcs | 92.00 | 5.00 | (87.00) | 1840.00% |
| 5012470 | Legal Services | 126.25 | 475.00 | 348.75 | 26.58% |
| | Total Mgmnt and Informational Svcs | 27,596.35 | 9,894.00 | (17,702.35) | 278.92% |
| 5012500 | Repair and Maintenance Svcs | | | | |
| 5012510 | Custodial Services | 756.84 | - | (756.84) | 0.00% |
| 5012530 | Equipment Repair & Maint Srvc | 2,186.53 | - | (2,186.53) | 0.00% |
| 5012560 | Mechanical Repair & Maint Srvc | - | 34.00 | 34.00 | 0.00% |
| | Total Repair and Maintenance Svcs | 2,943.37 | 34.00 | (2,909.37) | 8656.97% |
| 5012600 | Support Services | | | | |
| 5012630 | Clerical Services | 14,095.52 | 110,551.00 | 96,455.48 | 12.75% |
| 5012640 | Food & Dietary Services | 285.03 | 1,075.00 | 789.97 | 26.51% |
| 5012660 | Manual Labor Services | 829.93 | 1,170.00 | 340.07 | 70.93% |
| 5012670 | Production Services | 1,397.36 | 5,380.00 | 3,982.64 | 25.97% |
| 5012680 | Skilled Services | 31,284.12 | 16,764.00 | (14,520.12) | 186.61% |
| | Total Support Services | 47,891.96 | 134,940.00 | 87,048.04 | 35.49% |
| 5012800 | Transportation Services | | | | |
| 5012820 | Travel, Personal Vehicle | 218.88 | 4,979.00 | 4,760.12 | 4.40% |
| 5012850 | Travel, Subsistence & Lodging | - | 1,950.00 | 1,950.00 | 0.00% |
| 5012880 | Trvl, Meal Reimb- Not Rprtble | - | 988.00 | 988.00 | 0.00% |
| | Total Transportation Services | 218.88 | 7,917.00 | 7,698.12 | 2.76% |
| | Total Contractual Svs | 92,193.67 | 163,872.00 | 71,678.33 | 56.26% |
| 5013000 | Supplies And Materials | | | | |
| 5013100 | Administrative Supplies | | | | |
| 5013110 | Apparel Supplies | 28.58 | - | (28.58) | 0.00% |
| 5013120 | Office Supplies | 2,678.53 | 597.00 | (2,081.53) | 448.66% |
| | Total Administrative Supplies | 2,707.11 | 597.00 | (2,110.11) | 453.45% |
| 5013400 | Medical and Laboratory Supp. | | | | |

**Virginia Department of Health Professions**

**Revenue and Expenditures Summary**

**Department 10900 - Counseling**

**For the Period Beginning July 1, 2020 and Ending June 30, 2021**

| Account Number | Account Description | Amount | Budget | Amount Under/(Over) Budget | % of Budget |
|---|---|---|---|---|---|
| 5013420 | Medical and Dental Supplies | 3.75 | - | (3.75) | 0.00% |
| | Total Medical and Laboratory Supp. | 3.75 | - | (3.75) | 0.00% |
| 5013500 | Repair and Maint. Supplies | | | | |
| 5013510 | Building Repair & Maint Materl | 9.88 | - | (9.88) | 0.00% |
| 5013520 | Custodial Repair & Maint Matrl | 1.36 | - | (1.36) | 0.00% |
| | Total Repair and Maint. Supplies | 11.24 | - | (11.24) | 0.00% |
| 5013600 | Residential Supplies | | | | |
| 5013630 | Food Service Supplies | - | 183.00 | 183.00 | 0.00% |
| | Total Residential Supplies | - | 183.00 | 183.00 | 0.00% |
| | Total Supplies And Materials | 2,722.10 | 780.00 | (1,942.10) | 348.99% |
| 5015000 | Continuous Charges | | | | |
| 5015100 | Insurance-Fixed Assets | | | | |
| 5015160 | Property Insurance | - | 46.00 | 46.00 | 0.00% |
| | Total Insurance-Fixed Assets | - | 46.00 | 46.00 | 0.00% |
| 5015300 | Operating Lease Payments | | | | |
| 5015340 | Equipment Rentals | 609.26 | 540.00 | (69.26) | 112.83% |
| 5015350 | Building Rentals | 96.00 | - | (96.00) | 0.00% |
| 5015360 | Land Rentals | - | 60.00 | 60.00 | 0.00% |
| 5015390 | Building Rentals - Non State | 11,918.97 | 11,275.00 | (643.97) | 105.71% |
| | Total Operating Lease Payments | 12,624.23 | 11,875.00 | (749.23) | 106.31% |
| 5015400 | Service Charges | | | | |
| 5015470 | Private Vendor Service Charges: | 32.52 | - | (32.52) | 0.00% |
| | Total Service Charges | 32.52 | - | (32.52) | 0.00% |
| 5015500 | Insurance-Operations | | | | |
| 5015510 | General Liability Insurance | - | 170.00 | 170.00 | 0.00% |
| 5015540 | Surety Bonds | - | 11.00 | 11.00 | 0.00% |
| | Total Insurance-Operations | - | 181.00 | 181.00 | 0.00% |
| | Total Continuous Charges | 12,656.75 | 12,102.00 | (554.75) | 104.58% |
| 5022000 | Equipment | | | | |
| 5022100 | Computer Hrdware & Sftware | | | | |
| 5022170 | Other Computer Equipment | 2,095.51 | - | (2,095.51) | 0.00% |
| | Total Computer Hrdware & Sftware | 2,095.51 | - | (2,095.51) | 0.00% |
| 5022200 | Educational & Cultural Equip | | | | |
| 5022240 | Reference Equipment | - | 77.00 | 77.00 | 0.00% |
| | Total Educational & Cultural Equip | - | 77.00 | 77.00 | 0.00% |
| 5022600 | Office Equipment | | | | |
| 5022610 | Office Appurtenances | - | 42.00 | 42.00 | 0.00% |
| | Total Office Equipment | - | 42.00 | 42.00 | 0.00% |
| 5022700 | Specific Use Equipment | | | | |
| 5022710 | Household Equipment | 30.11 | - | (30.11) | 0.00% |
| 5022740 | Non Power Rep & Maint- Equip | 2.22 | - | (2.22) | 0.00% |

**Virginia Department of Health Professions**

**Revenue and Expenditures Summary**

**Department 10900 - Counseling**

**For the Period Beginning July 1, 2020 and Ending June 30, 2021**

| Account Number | Account Description | Amount | Budget | Amount Under/(Over) Budget | % of Budget |
|---|---|---|---|---|---|
| | **Total Specific Use Equipment** | 32.33 | - | (32.33) | 0.00% |
| | **Total Equipment** | 2,127.84 | 119.00 | (2,008.84) | 1788.10% |
| | **Total Expenditures** | 368,451.48 | 429,878.56 | 61,427.08 | 85.71% |
| | **Allocated Expenditures** | | | | |
| 20100 | **Behavioral Science Exec** | 228,685.33 | 230,164.99 | 1,479.67 | 99.36% |
| 30100 | **Data Center** | 186,641.21 | 289,189.12 | 102,547.91 | 64.54% |
| 30200 | **Human Resources** | 19,770.35 | 18,464.91 | (1,305.44) | 107.07% |
| 30300 | **Finance** | 153,479.65 | 159,731.01 | 6,251.36 | 96.09% |
| 30400 | **Director's Office** | 51,799.97 | 57,392.70 | 5,592.73 | 90.26% |
| 30500 | **Enforcement** | 429,756.56 | 413,776.77 | (15,979.79) | 103.86% |
| 30600 | **Administrative Proceedings** | 59,360.24 | 69,905.67 | 10,545.43 | 84.91% |
| 30700 | **Impaired Practitioners** | 589.55 | 246.30 | (343.26) | 239.37% |
| 30800 | **Attorney General** | 2,974.55 | 1,522.95 | (1,451.60) | 195.31% |
| 30900 | **Board of Health Professions** | 41,402.71 | 43,200.63 | 1,797.91 | 95.84% |
| 31100 | **Maintenance and Repairs** | 394.47 | 2,464.19 | 2,069.72 | 16.01% |
| 31300 | **Emp. Recognition Program** | 307.10 | 1,240.91 | 933.81 | 24.75% |
| 31400 | **Conference Center** | 1,729.18 | 357.03 | (1,372.15) | 484.32% |
| 31500 | **Pgm Devlpmnt & Implmentn** | 19,905.11 | 25,731.66 | 5,826.55 | 77.36% |
| | **Total Allocated Expenditures** | 1,196,795.98 | 1,313,388.85 | 116,592.87 | 91.12% |
| | **Net Revenue in Excess (Shortfall) of Expenditures** | $ 445,092.54 | $ 101,072.59 | $ (344,019.95) | 440.37% |

**Virginia Department of Health Professions**

**Revenue and Expenditures Summary**

**Department 10900 - Counseling**

**For the Period Beginning July 1, 2020 and Ending June 30, 2021**

| Account Number | Account Description | July | August | September | October | November | December | January | February | March | April |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 4002400 | Fee Revenue | | | | | | | | | | |
| 4002401 | Application Fee | 41,775.00 | 42,620.00 | 33,680.00 | 33,460.00 | 32,940.00 | 31,741.00 | 37,120.00 | 35,315.00 | 44,895.00 | 43,030.00 |
| 4002406 | License & Renewal Fee | 31,655.00 | 6,635.00 | 3,605.00 | 3,350.00 | 2,330.00 | 21,490.00 | 41,845.00 | 8,965.00 | 5,960.00 | 4,165.00 |
| 4002407 | Dup. License Certificate Fee | 500.00 | 310.00 | 270.00 | 200.00 | 160.00 | 445.00 | 585.00 | 270.00 | 350.00 | 370.00 |
| 4002409 | Board Endorsement - Out | 655.00 | 540.00 | 710.00 | 655.00 | 425.00 | 675.00 | 655.00 | 1,050.00 | 930.00 | 1,140.00 |
| 4002421 | Monetary Penalty & Late Fees | 70.00 | 135.00 | 20.00 | - | 50.00 | - | 25.00 | - | - | - |
| 4002430 | Board Changes Fee | 30.00 | 180.00 | 150.00 | 270.00 | 240.00 | 150.00 | 360.00 | 300.00 | 210.00 | 30.00 |
| 4002432 | Misc. Fee (Bad Check Fee) | - | - | 35.00 | 70.00 | - | - | 140.00 | 50.00 | 35.00 | 50.00 |
| | Total Fee Revenue | 74,685.00 | 50,420.00 | 38,470.00 | 38,005.00 | 36,145.00 | 54,501.00 | 80,730.00 | 45,950.00 | 52,380.00 | 48,785.00 |
| 4003000 | Sales of Prop. & Commodities | | | | | | | | | | |
| 4003020 | Misc. Sales-Dishonored Payments | - | - | 30.00 | 100.00 | - | - | 100.00 | 174.00 | 175.00 | 115.00 |
| | Total Sales of Prop. & Commodities | - | - | 30.00 | 100.00 | - | - | 100.00 | 174.00 | 175.00 | 115.00 |
| | Total Revenue | 74,685.00 | 50,420.00 | 38,500.00 | 38,105.00 | 36,145.00 | 54,501.00 | 80,830.00 | 46,124.00 | 52,555.00 | 48,900.00 |
| 5011000 | Personal Services | | | | | | | | | | |
| 5011100 | Employee Benefits | | | | | | | | | | |
| 5011110 | Employer Retirement Contrib. | 2,249.15 | 1,663.86 | 1,663.86 | 1,663.86 | 1,663.86 | 1,663.86 | 1,663.86 | 1,663.86 | 1,692.46 | 1,692.46 |
| 5011120 | Fed Old-Age Ins- Sal St Emp | 1,527.66 | 1,212.20 | 1,189.95 | 1,162.33 | 1,124.41 | 1,173.62 | 1,163.07 | 1,199.68 | 1,191.41 | 1,347.18 |
| 5011140 | Group Insurance | 244.58 | 177.24 | 177.24 | 177.24 | 177.24 | 177.24 | 177.24 | 177.24 | 180.74 | 180.74 |
| 5011150 | Medical/Hospitalization Ins. | 2,748.00 | 2,061.00 | 2,061.00 | 2,061.00 | 2,061.00 | - | 2,061.00 | 2,061.00 | 2,061.00 | 2,061.00 |
| 5011160 | Retiree Medical/Hospitalizatn | 208.29 | 148.14 | 148.14 | 148.14 | 148.14 | 148.14 | 148.14 | 148.14 | 151.08 | 151.08 |
| 5011170 | Long term Disability Ins | 112.58 | 80.70 | 80.70 | 80.70 | 80.70 | 80.70 | 80.70 | 80.70 | 82.30 | 82.30 |
| | Total Employee Benefits | 7,090.26 | 5,343.14 | 5,320.89 | 5,293.27 | 5,255.35 | 3,243.56 | 5,294.01 | 5,330.62 | 5,358.99 | 5,514.76 |
| 5011200 | Salaries | | | | | | | | | | |
| 5011230 | Salaries, Classified | 18,368.79 | 13,228.08 | 13,228.08 | 13,228.08 | 13,228.08 | 13,228.08 | 13,228.08 | 13,358.53 | 13,488.98 | 13,488.98 |
| 5011250 | Salaries, Overtime | 2,118.12 | 2,999.27 | 2,708.62 | 2,347.80 | 1,851.64 | 2,061.80 | 2,336.45 | 2,683.39 | 2,444.59 | 3,332.44 |
| | Total Salaries | 20,486.91 | 16,227.35 | 15,936.70 | 15,575.88 | 15,079.72 | 15,289.88 | 15,564.53 | 16,041.92 | 15,933.57 | 16,821.42 |
| 5011310 | Bonuses and Incentives | - | - | - | - | - | - | - | - | - | - |

**Virginia Department of Health Professions**

**Revenue and Expenditures Summary**

**Department 10900 - Counseling**

**For the Period Beginning July 1, 2020 and Ending June 30, 2021**

| Account Number | Account Description | July | August | September | October | November | December | January | February | March | April |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5011340 | Specified Per Diem Payment | - | - | 500.00 | 50.00 | 500.00 | 100.00 | 50.00 | 200.00 | 350.00 | 50.00 |
| 5011380 | Deferred Compnstn Match Pmts | 36.00 | 24.00 | 24.00 | 24.00 | 24.00 | 24.00 | 24.00 | 24.00 | 24.00 | 24.00 |
| | Total Special Payments | 36.00 | 24.00 | 524.00 | 74.00 | 524.00 | 124.00 | 74.00 | 224.00 | 374.00 | 74.00 |
| 5011400 | Wages | | | | | | | | | | |
| 5011410 | Wages, General | - | - | - | - | - | - | - | - | - | 1,148.40 |
| | Total Wages | - | - | - | - | - | - | - | - | - | 1,148.40 |
| 5011600 | Terminatn Personal Svce Costs | | | | | | | | | | |
| 5011660 | Defined Contribution Match - Hy | 358.65 | 248.92 | 248.92 | 248.92 | 248.92 | 248.92 | 248.92 | 248.92 | 258.04 | 258.04 |
| | Total Terminatn Personal Svce Costs | 358.65 | 248.92 | 248.92 | 248.92 | 248.92 | 248.92 | 248.92 | 248.92 | 258.04 | 258.04 |
| | Total Personal Services | 27,971.82 | 21,843.41 | 22,030.51 | 21,192.07 | 21,107.99 | 18,906.36 | 21,181.46 | 21,845.46 | 21,924.60 | 23,816.62 |
| 5012000 | Contractual Svs | | | | | | | | | | |
| 5012100 | Communication Services | | | | | | | | | | |
| 5012120 | Outbound Freight Services | - | - | - | - | - | - | 5.19 | - | - | - |
| 5012140 | Postal Services | 1,313.22 | 790.82 | 361.67 | 1,217.34 | 408.91 | 952.98 | 740.56 | 862.31 | 622.11 | 930.66 |
| 5012150 | Printing Services | - | - | - | - | - | 6.00 | - | - | - | - |
| 5012160 | Telecommunications Svcs (VITA) | 62.41 | 64.08 | 63.27 | 58.48 | 43.03 | 60.49 | 54.86 | 59.12 | 53.21 | 54.74 |
| 5012190 | Inbound Freight Services | 0.52 | - | 0.79 | - | 3.20 | 0.42 | 0.53 | - | - | - |
| | Total Communication Services | 1,376.15 | 854.90 | 425.73 | 1,275.82 | 455.14 | 1,019.89 | 801.14 | 921.43 | 675.32 | 985.40 |
| 5012200 | Employee Development Services | | | | | | | | | | |
| 5012210 | Organization Memberships | - | - | 900.00 | - | - | - | 500.00 | - | - | - |
| 5012240 | Employee Trainng/Workshop/Conf | - | - | - | - | 100.00 | - | - | 475.00 | 600.00 | - |
| | Total Employee Development Services | - | - | 900.00 | - | 100.00 | - | 500.00 | 475.00 | 600.00 | - |
| 5012400 | Mgmnt and Informational Svcs | | | | | | | | | | |
| 5012420 | Fiscal Services | 13,897.45 | 598.97 | 144.46 | 168.92 | - | 46.27 | 422.35 | - | 1,080.25 | 213.39 |
| 5012440 | Management Services | 156.60 | - | 76.44 | - | 36.46 | - | 41.09 | - | 21.66 | - |
| 5012460 | Public Infrmtnl & Relatn Svcs | 92.00 | - | - | - | - | - | - | - | - | - |
| 5012470 | Legal Services | - | - | - | - | - | - | - | - | - | - |
| | Total Mgmnt and Informational Svcs | 14,146.05 | 598.97 | 220.90 | 168.92 | 36.46 | 46.27 | 463.44 | - | 1,101.91 | 213.39 |

**Virginia Department of Health Professions**

**Revenue and Expenditures Summary**

**Department 10900 - Counseling**

**For the Period Beginning July 1, 2020 and Ending June 30, 2021**

| Account Number | Account Description | July | August | September | October | November | December | January | February | March | April |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5012500 | Repair and Maintenance Svcs | | | | | | | | | | |
| 5012510 | Custodial Services | - | 63.07 | 63.07 | - | 189.21 | - | 126.14 | 63.07 | 63.07 | 63.07 |
| 5012530 | Equipment Repair & Maint Srvc | - | 4.72 | - | 2,167.65 | 4.72 | - | - | 4.72 | - | - |
| | Total Repair and Maintenance Svcs | - | 67.79 | 63.07 | 2,167.65 | 193.93 | - | 126.14 | 67.79 | 63.07 | 63.07 |
| 5012600 | Support Services | | | | | | | | | | |
| 5012630 | Clerical Services | 11,032.48 | 1,463.04 | - | - | 1,600.00 | - | - | - | - | - |
| 5012640 | Food & Dietary Services | 85.05 | 55.12 | 78.92 | - | - | - | - | 65.94 | - | - |
| 5012660 | Manual Labor Services | 10.00 | 144.17 | - | 16.86 | 23.46 | 148.14 | - | - | 487.30 | - |
| 5012670 | Production Services | 90.09 | 151.97 | 60.40 | 74.34 | 131.80 | 6.00 | 194.60 | 75.10 | 340.86 | 28.50 |
| 5012680 | Skilled Services | 2,122.65 | 1,903.35 | 1,913.82 | 1,853.52 | 1,908.46 | 2,045.70 | 1,573.23 | 1,880.84 | 6,388.07 | 1,706.82 |
| | Total Support Services | 13,340.27 | 3,717.65 | 2,053.14 | 1,944.72 | 3,663.72 | 2,199.84 | 1,767.83 | 2,021.88 | 7,216.23 | 1,735.32 |
| 5012800 | Transportation Services | | | | | | | | | | |
| 5012820 | Travel, Personal Vehicle | - | - | 73.60 | - | 73.60 | - | - | 71.68 | - | - |
| | Total Transportation Services | - | - | 73.60 | - | 73.60 | - | - | 71.68 | - | - |
| | Total Contractual Svs | 28,862.47 | 5,239.31 | 3,736.44 | 5,557.11 | 4,522.85 | 3,266.00 | 3,658.55 | 3,557.78 | 9,656.53 | 2,997.18 |
| 5013000 | Supplies And Materials | | | | | | | | | | |
| 5013100 | Administrative Supplies | | | | | | | | | | |
| 5013110 | Apparel Supplies | 9.94 | - | 9.13 | - | - | - | 9.51 | - | - | - |
| 5013120 | Office Supplies | 228.28 | 217.54 | 216.83 | - | 405.74 | 157.74 | 314.25 | 126.29 | 74.61 | 454.93 |
| | Total Administrative Supplies | 238.22 | 217.54 | 225.96 | - | 405.74 | 157.74 | 323.76 | 126.29 | 74.61 | 454.93 |
| 5013400 | Medical and Laboratory Supp. | | | | | | | | | | |
| 5013420 | Medical and Dental Supplies | - | - | - | - | - | 3.75 | - | - | - | - |
| | Total Medical and Laboratory Supp. | - | - | - | - | - | 3.75 | - | - | - | - |
| 5013500 | Repair and Maint. Supplies | | | | | | | | | | |
| 5013510 | Building Repair & Maint Materl | - | 9.88 | - | - | - | - | - | - | - | - |
| 5013520 | Custodial Repair & Maint Matrl | - | 1.36 | - | - | - | - | - | - | - | - |
| | Total Repair and Maint. Supplies | - | 11.24 | - | - | - | - | - | - | - | - |

**Virginia Department of Health Professions**

**Revenue and Expenditures Summary**

**Department 10900 - Counseling**

**For the Period Beginning July 1, 2020 and Ending June 30, 2021**

| Account Number | Account Description | July | August | September | October | November | December | January | February | March | April |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total Supplies And Materials | 238.22 | 228.78 | 225.96 | - | 405.74 | 161.49 | 323.76 | 126.29 | 74.61 | 454.93 |
| 5015000 | Continuous Charges | | | | | | | | | | |
| 5015300 | Operating Lease Payments | | | | | | | | | | |
| 5015340 | Equipment Rentals | 55.74 | 48.70 | 48.70 | 5.39 | 97.40 | 48.70 | 55.74 | - | 97.40 | 54.09 |
| 5015350 | Building Rentals | - | - | - | 24.00 | - | 24.00 | - | - | 24.00 | 24.00 |
| 5015390 | Building Rentals - Non State | 1,017.55 | 1,035.69 | 993.79 | 944.67 | 1,002.28 | 943.87 | 936.64 | 984.15 | 938.11 | 995.34 |
| | Total Operating Lease Payments | 1,073.29 | 1,084.39 | 1,042.49 | 974.06 | 1,099.68 | 1,016.57 | 992.38 | 984.15 | 1,059.51 | 1,073.43 |
| 5015400 | Service Charges | | | | | | | | | | |
| 5015470 | Private Vendor Service Charges: | 9.48 | - | - | - | - | - | - | 23.04 | 22.30 | - |
| | Total Service Charges | 9.48 | - | - | - | - | - | - | 23.04 | 22.30 | - |
| | Total Continuous Charges | 1,082.77 | 1,084.39 | 1,042.49 | 974.06 | 1,099.68 | 1,016.57 | 992.38 | 1,007.19 | 1,081.81 | 1,073.43 |
| 5022000 | Equipment | | | | | | | | | | |
| 5022170 | Other Computer Equipment | - | - | 2,085.29 | (37.66) | 47.88 | - | - | - | - | - |
| | Total Computer Hrdware & Sftware | - | - | 2,085.29 | (37.66) | 47.88 | - | - | - | - | - |
| 5022710 | Household Equipment | - | - | - | - | - | - | - | - | - | - |
| 5022740 | Non Power Rep & Maint- Equip | - | - | - | - | - | - | 2.22 | - | - | - |
| | Total Specific Use Equipment | - | - | - | - | - | - | 2.22 | - | - | - |
| | Total Equipment | - | - | 2,085.29 | (37.66) | 47.88 | - | 2.22 | - | - | - |
| | Total Expenditures | 58,155.28 | 28,395.89 | 29,120.69 | 27,685.58 | 27,184.14 | 23,350.42 | 26,158.37 | 26,536.72 | 32,737.55 | 28,342.16 |
| | Allocated Expenditures | | | | | | | | | | |
| 20100 | Behavioral Science Executive Director | 26,920.61 | 18,119.38 | 18,231.79 | 18,978.75 | 19,116.55 | 17,400.62 | 19,673.35 | 19,906.30 | 19,355.42 | 19,621.82 |
| 20200 | Opt\Vet-Med\ASLP Executive Director | - | - | - | - | - | - | - | - | - | - |

**Virginia Department of Health Professions**

**Revenue and Expenditures Summary**

**Department 10900 - Counseling**

**For the Period Beginning July 1, 2020 and Ending June 30, 2021**

| Account Number | Account Description | July | August | September | October | November | December | January | February | March | April |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 20400 | Nursing / Nurse Aide | - | - | - | - | - | - | - | - | - | - |
| 20600 | Funeral\LTCA\PT Executive Director | - | - | - | - | - | - | - | - | - | - |
| 30100 | Technology and Business Services | 22,025.55 | 15,899.77 | 17,409.86 | 15,924.23 | 11,911.16 | 22,998.82 | 25,540.26 | 10,980.64 | 11,022.97 | 8,355.25 |
| 30200 | Human Resources | 95.06 | 98.59 | 119.34 | 17,248.66 | 166.47 | 308.69 | 325.81 | 260.39 | 257.79 | 293.86 |
| 30300 | Finance | 15,997.14 | 11,749.75 | 12,482.00 | 19,420.14 | 6,159.16 | 12,045.49 | 13,231.33 | 13,465.05 | 13,313.04 | 12,702.89 |
| 30400 | Director's Office | 5,859.39 | 4,163.95 | 4,206.24 | 4,145.45 | 4,740.85 | 3,984.87 | 4,687.94 | 4,227.71 | 4,176.94 | 4,433.56 |
| 30500 | Enforcement | 45,714.92 | 32,052.29 | 33,366.91 | 34,223.15 | 38,373.02 | 35,291.96 | 42,109.60 | 37,338.47 | 39,460.18 | 39,532.67 |
| 30600 | Administrative Proceedings | 11,614.02 | 7,892.78 | 1,817.53 | 9,061.40 | 6,668.88 | 4,700.53 | 2,020.77 | 6,590.60 | 322.49 | 3,184.75 |
| 30700 | Health Practitioners' Monitoring Program | 71.77 | 480.06 | 3.81 | 4.99 | 4.27 | 4.01 | 3.20 | 3.23 | 4.08 | 4.30 |
| 30800 | Attorney General | 1,258.57 | - | - | 358.08 | - | - | 999.82 | - | - | 358.08 |
| 30900 | Board of Health Professions | 4,710.69 | 2,811.61 | 5,116.44 | 2,586.44 | 5,581.23 | 2,336.34 | 2,975.95 | 4,455.13 | 2,828.30 | 3,586.03 |
| 31000 | SRTA | - | - | - | - | - | - | - | - | - | - |
| 31100 | Maintenance and Repairs | - | - | 394.47 | - | - | - | - | - | - | - |
| 31300 | Employee Recognition Program | - | 6.34 | - | - | 2.07 | 1.32 | - | 90.33 | 15.45 | 58.75 |
| 31400 | Conference Center | 3.47 | 16.60 | 124.92 | (3.38) | (12.38) | (249.94) | 4.16 | 351.34 | 1,013.83 | 240.91 |
| 31500 | Program Development and Implementation | 2,270.42 | 1,447.50 | 1,780.37 | 1,367.16 | 1,968.53 | 2,031.47 | 1,992.44 | 1,568.60 | 1,480.04 | 1,520.52 |
| 31600 | Healthcare Workforce | - | - | - | - | - | - | - | - | - | - |
| 31800 | CBC (Criminal Background Check Unit) | - | - | - | - | - | - | - | - | - | - |
| | Total Allocated Expenditures | 136,541.61 | 94,738.61 | 95,053.68 | 123,315.06 | 94,679.82 | 100,854.17 | 113,564.63 | 99,237.79 | 93,250.54 | 93,893.38 |
| | Net Revenue in Excess (Shortfall) of Expenditures | $ (120,011.89) | $ (72,714.50) | $ (85,674.37) | $ (112,895.64) | $ (85,718.96) | $ (69,703.59) | $ (58,893.00) | $ (79,650.51) | $ (73,433.09) | $ (73,335.54) |

**Virginia Department of Health Professions**

**Revenue and Expenditures Summary**

**Department 10900 - Counseling**

**For the Period Beginning July 1, 2020 and Ending June 30, 2021**

| Account Number | Account Description | May | June | Total |
|---|---|---|---|---|
| 4002400 | Fee Revenue | | | |
| 4002401 | Application Fee | 40,050.00 | 48,770.00 | 465,396.00 |
| 4002406 | License & Renewal Fee | 496,855.00 | 898,680.00 | 1,525,535.00 |
| 4002407 | Dup. License Certificate Fee | 880.00 | 1,630.00 | 5,970.00 |
| 4002409 | Board Endorsement - Out | 1,010.00 | 1,260.00 | 9,705.00 |
| 4002421 | Monetary Penalty & Late Fees | - | 20.00 | 320.00 |
| 4002430 | Board Changes Fee | 240.00 | 180.00 | 2,340.00 |
| 4002432 | Misc. Fee (Bad Check Fee) | - | - | 380.00 |
| | Total Fee Revenue | 539,035.00 | 950,540.00 | 2,009,646.00 |
| 4003000 | Sales of Prop. & Commodities | | | |
| 4003020 | Misc. Sales-Dishonored Payments | - | - | 694.00 |
| | Total Sales of Prop. & Commodities | - | - | 694.00 |
| | Total Revenue | 539,035.00 | 950,540.00 | 2,010,340.00 |
| | | | | |
| 5011000 | Personal Services | | | |
| 5011100 | Employee Benefits | | | |
| 5011110 | Employer Retirement Contrib. | 1,692.46 | 846.23 | 19,819.78 |
| 5011120 | Fed Old-Age Ins- Sal St Emp | 1,307.31 | 757.34 | 14,356.16 |
| 5011140 | Group Insurance | 180.74 | 90.37 | 2,117.85 |
| 5011150 | Medical/Hospitalization Ins. | 2,061.00 | 1,030.50 | 22,327.50 |
| 5011160 | Retiree Medical/Hospitalizatn | 151.08 | 75.54 | 1,774.05 |
| 5011170 | Long term Disability Ins | 82.30 | 41.15 | 965.53 |
| | Total Employee Benefits | 5,474.89 | 2,841.13 | 61,360.87 |
| 5011200 | Salaries | | | |
| 5011230 | Salaries, Classified | 13,488.98 | 6,744.49 | 158,307.23 |
| 5011250 | Salaries, Overtime | 2,045.79 | 1,400.98 | 28,330.89 |
| | Total Salaries | 15,534.77 | 8,145.47 | 186,638.12 |
| 5011310 | Bonuses and Incentives | - | 66.00 | 66.00 |

**Virginia Department of Health Professions**

**Revenue and Expenditures Summary**

**Department 10900 - Counseling**

**For the Period Beginning July 1, 2020 and Ending June 30, 2021**

| Account Number | Account Description | May | June | Total |
|---|---|---|---|---|
| 5011340 | Specified Per Diem Payment | 300.00 | 400.00 | 2,500.00 |
| 5011380 | Deferred Compnstn Match Pmts | 24.00 | 12.00 | 288.00 |
| | Total Special Payments | 324.00 | 478.00 | 2,854.00 |
| 5011400 | Wages | | | - |
| 5011410 | Wages, General | 1,914.00 | 1,831.50 | 4,893.90 |
| | Total Wages | 1,914.00 | 1,831.50 | 4,893.90 |
| 5011600 | Terminatn Personal Svce Costs | | | |
| 5011660 | Defined Contribution Match - Hy | 258.04 | 129.02 | 3,004.23 |
| | Total Terminatn Personal Svce Costs | 258.04 | 129.02 | 3,004.23 |
| | Total Personal Services | 23,505.70 | 13,425.12 | 258,751.12 |
| 5012000 | Contractual Svs | | | - |
| 5012100 | Communication Services | | | - |
| 5012120 | Outbound Freight Services | - | - | 5.19 |
| 5012140 | Postal Services | 871.84 | 1,165.45 | 10,237.87 |
| 5012150 | Printing Services | - | - | 6.00 |
| 5012160 | Telecommunications Svcs (VITA) | 58.66 | 65.71 | 698.06 |
| 5012190 | Inbound Freight Services | 0.53 | 15.00 | 20.99 |
| | Total Communication Services | 931.03 | 1,246.16 | 10,968.11 |
| 5012200 | Employee Development Services | | | |
| 5012210 | Organization Memberships | - | - | 1,400.00 |
| 5012240 | Employee Trainng/Workshop/Conf | - | - | 1,175.00 |
| | Total Employee Development Services | - | - | 2,575.00 |
| 5012400 | Mgmnt and Informational Svcs | | | |
| 5012420 | Fiscal Services | 76.77 | 10,338.87 | 26,987.70 |
| 5012440 | Management Services | 58.15 | - | 390.40 |
| 5012460 | Public Infrmtnl & Relatn Svcs | - | - | 92.00 |
| 5012470 | Legal Services | 126.25 | - | 126.25 |
| | Total Mgmnt and Informational Svcs | 261.17 | 10,338.87 | 27,596.35 |

**Virginia Department of Health Professions**

**Revenue and Expenditures Summary**

**Department 10900 - Counseling**

**For the Period Beginning July 1, 2020 and Ending June 30, 2021**

| Account Number | Account Description | May | June | Total |
|---|---|---|---|---|
| 5012500 | Repair and Maintenance Svcs | | | |
| 5012510 | Custodial Services | 63.07 | 63.07 | 756.84 |
| 5012530 | Equipment Repair & Maint Srvc | 4.72 | - | 2,186.53 |
| | Total Repair and Maintenance Svcs | 67.79 | 63.07 | 2,943.37 |
| 5012600 | Support Services | | | |
| 5012630 | Clerical Services | - | - | 14,095.52 |
| 5012640 | Food & Dietary Services | - | - | 285.03 |
| 5012660 | Manual Labor Services | - | - | 829.93 |
| 5012670 | Production Services | 122.30 | 121.40 | 1,397.36 |
| 5012680 | Skilled Services | 4,394.32 | 3,593.34 | 31,284.12 |
| | Total Support Services | 4,516.62 | 3,714.74 | 47,891.96 |
| 5012800 | Transportation Services | | | |
| 5012820 | Travel, Personal Vehicle | - | - | 218.88 |
| | Total Transportation Services | - | - | 218.88 |
| | Total Contractual Svs | 5,776.61 | 15,362.84 | 92,193.67 |
| 5013000 | Supplies And Materials | | | |
| 5013100 | Administrative Supplies | | | - |
| 5013110 | Apparel Supplies | - | - | 28.58 |
| 5013120 | Office Supplies | 164.97 | 317.35 | 2,678.53 |
| | Total Administrative Supplies | 164.97 | 317.35 | 2,707.11 |
| 5013400 | Medical and Laboratory Supp. | | | |
| 5013420 | Medical and Dental Supplies | - | - | 3.75 |
| | Total Medical and Laboratory Supp. | - | - | 3.75 |
| 5013500 | Repair and Maint. Supplies | | | |
| 5013510 | Building Repair & Maint Materl | - | - | 9.88 |
| 5013520 | Custodial Repair & Maint Matrl | - | - | 1.36 |
| | Total Repair and Maint. Supplies | - | - | 11.24 |

**Virginia Department of Health Professions**

**Revenue and Expenditures Summary**

**Department 10900 - Counseling**

**For the Period Beginning July 1, 2020 and Ending June 30, 2021**

| Account Number | Account Description | May | June | Total |
|---|---|---|---|---|
| | Total Supplies And Materials | 164.97 | 317.35 | 2,722.10 |
| 5015000 | Continuous Charges | | | |
| 5015300 | Operating Lease Payments | | | |
| 5015340 | Equipment Rentals | 48.70 | 48.70 | 609.26 |
| 5015350 | Building Rentals | - | - | 96.00 |
| 5015390 | Building Rentals - Non State | 1,073.67 | 1,053.21 | 11,918.97 |
| | Total Operating Lease Payments | 1,122.37 | 1,101.91 | 12,624.23 |
| 5015400 | Service Charges | | | |
| 5015470 | Private Vendor Service Charges: | (22.30) | - | 32.52 |
| | Total Service Charges | (22.30) | - | 32.52 |
| | Total Continuous Charges | 1,100.07 | 1,101.91 | 12,656.75 |
| 5022000 | Equipment | | | |
| 5022170 | Other Computer Equipment | - | - | 2,095.51 |
| | Total Computer Hrdware & Sftware | - | - | 2,095.51 |
| 5022710 | Household Equipment | 30.11 | - | 30.11 |
| 5022740 | Non Power Rep & Maint- Equip | - | - | 2.22 |
| | Total Specific Use Equipment | 30.11 | - | 32.33 |
| | Total Equipment | 30.11 | - | 2,127.84 |
| | Total Expenditures | 30,577.46 | 30,207.22 | 368,451.48 |
| | Allocated Expenditures | | | |
| 20100 | Behavioral Science Executive Director | 18,981.55 | 12,379.22 | 228,685.33 |
| 20200 | Opt\Vet-Med\ASLP Executive Director | - | - | - |

**Virginia Department of Health Professions**

**Revenue and Expenditures Summary**

**Department 10900 - Counseling**

**For the Period Beginning July 1, 2020 and Ending June 30, 2021**

| Account Number | Account Description | May | June | Total |
|---|---|---|---|---|
| 20400 | Nursing / Nurse Aide | - | - | - |
| 20600 | Funeral\LTCA\PT Executive Director | - | - | - |
| 30100 | Technology and Business Services | 6,701.13 | 17,871.55 | 186,641.21 |
| 30200 | Human Resources | 279.77 | 315.94 | 19,770.35 |
| 30300 | Finance | 13,869.91 | 9,043.75 | 153,479.65 |
| 30400 | Director's Office | 4,447.28 | 2,725.79 | 51,799.97 |
| 30500 | Enforcement | 33,590.36 | 18,703.03 | 429,756.56 |
| 30600 | Administrative Proceedings | 2,786.33 | 2,700.17 | 59,360.24 |
| 30700 | Health Practitioners' Monitoring Program | 3.28 | 2.56 | 589.55 |
| 30800 | Attorney General | - | - | 2,974.55 |
| 30900 | Board of Health Professions | 2,772.39 | 1,642.15 | 41,402.71 |
| 31000 | SRTA | - | - | - |
| 31100 | Maintenance and Repairs | - | - | 394.47 |
| 31300 | Employee Recognition Program | 127.66 | 5.17 | 307.10 |
| 31400 | Conference Center | 141.89 | 97.75 | 1,729.18 |
| 31500 | Program Development and Implementation | 1,519.04 | 959.01 | 19,905.11 |
| 31600 | Healthcare Workforce | - | - | - |
| 31800 | CBC (Criminal Background Check Unit) | - | - | - |
| | Total Allocated Expenditures | 85,220.60 | 66,446.09 | 1,196,795.98 |
| | Net Revenue in Excess (Shortfall) of Expenditures | $ 423,236.94 | $ 853,886.69 | $ 445,092.54 |

Virginia Department of
Health Professions
Board of Counseling

# Discipline Reports

**05/07/2021 - 07/28/2021**

| NEW CASES RECEIVED IN BOARD 05/07/2021 - 07/28/2021 | | | | |
|---|---|---|---|---|
| | **Counseling** | **Psychology** | **Social Work** | **BSU Total** |
| Cases **Received** for Board review | 87 | 35 | 15 | ***137*** |

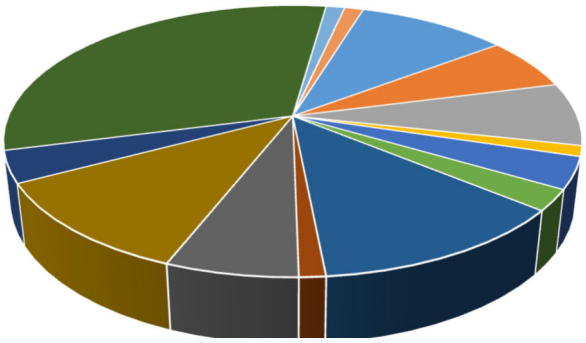
| OPEN CASES (as of 07/28/2021) | | | | |
|---|---|---|---|---|
| **Open Case Stage** | **Counseling** | **Psychology** | **Social Work** | **BSU Total** |
| Probable Cause Review | 103 | 94 | 4 | |
| Scheduled for Informal Conferences | 14 | 5 | 16 | |
| Scheduled for Formal Hearings | 7 | 1 | 0 | |
| Other (pending CCA, PHCO, hold, etc.) | 16 | 8 | 5 | |
| Cases with APD for processing (IFC, FH, Consent Order) | 7 | 0 | 4 | |
| **TOTAL CASES AT BOARD LEVEL** | **147** | **108** | **29** | ***284*** |
| **OPEN INVESTIGATIONS** | **59** | **33** | **17** | ***109*** |
| **TOTAL OPEN CASES** | **206** | **141** | **46** | ***393*** |

| UPCOMING CONFERENCES AND HEARINGS | | |
|---|---|---|
| **Informal Conferences** | Conferences Held: | June 25, 2021 (Special Conference Committee) |
| | Scheduled Conferences: | September 20, 2021 (Agency Subordinate)<br>October 18, 2021 (Agency Subordinate) |
| **Formal Hearings** | Hearings Held: | n/a |
| | Scheduled Hearings: | August 20, 2021<br>November 5, 2021 |

Virginia Department of
# Health Professions
Board of Counseling

| CASES CLOSED (05/07/2021 - 07/28/2021) | |
|---|---|
| Closed – **no violation** | 55 |
| Closed – **undetermined** | 14 |
| Closed – **violation** | 6 |
| Credentials/Reinstatement – **Denied** | 3 |
| Credentials/Reinstatement – **Approved** | 2 |
| **TOTAL CASES CLOSED** | **80** |

## Closed Case Categories



- Abuse/Abandonment/Neglect (8) 2 violations
- Application (5)
- Business Practice Issues (6) 1 violation
- Compliance (1)
- Confidentiality (3)
- Criminal Activity (2) 1 violation
- Diagnosis/Treatment (10)
- Fraud, non-patient care (1)
- Fraud, patient care (5)
- Inability to Safely Practice (9) 2 violations
- Inappropriate Relationship (3)
- No jurisdiction (25)
- Scope of Practice (1)
- Unlicensed Activity (1)

| AVERAGE CASE PROCESSING TIMES (counted on closed cases) | |
|---|---|
| Average time for case closures | **228** |
| Avg. time in Enforcement (investigations) | 105 |
| Avg. time in APD (IFC/FH preparation) | 52 |
| Avg. time in Board (includes hearings, reviews, etc). | 124 |
| Avg. time with board member (probable cause review) | 33 |

Virginia Department of
Health Professions
Board of Counseling

# LICENSING REPORT

## Total as of August 12, 2021

| Current Licenses, Certificates and Registrations | |
|---|---|
| Certified Substance Abuse Counselor | 1,749 |
| Substance Abuse Trainee | 2,028 |
| Substance Abuse Counseling Assistant | 231 |
| | |
| Licensed Marriage and Family Therapist | 943 |
| Marriage & Family Therapist Resident | 139 |
| | |
| Licensed Professional Counselor | 7,140 |
| Resident in Counseling | 2,652 |
| | |
| Substance Abuse Treatment Practitioner | 339 |
| Substance Abuse Treatment Residents | 12 |
| | |
| Rehabilitation Provider | 178 |
| | |
| Qualified Mental Health Prof-Adult | 6,565 |
| Qualified Mental Health Prof-Child | 4,783 |
| Trainee for Qualified Mental Health Prof | 5,649 |
| Registered Peer Recovery Specialist | 307 |
| **Total** | **32,715** |

Virginia Department of
Health Professions
Board of Counseling

# Licenses, Certifications and Registrations Issued

| License Type | April 2021 | May 2021 | June 2021 | July 2021 |
|---|---|---|---|---|
| Certified Substance Abuse Counselor | 13 | 9 | 8 | 11 |
| Substance Abuse Trainee | 37 | 23 | 25 | 25 |
| Certified Substance Abuse Counseling Assistant | 4 | 2 | 3 | 2 |
| | | | | |
| Licensed Marriage and Family Therapist | 10 | 3 | 10 | 5 |
| Marriage & Family Therapist Resident | 2 | 2 | 5 | 3 |
| Pre-Education Review for LMFT | 0 | 0 | 0 | 0 |
| | | | | |
| Licensed Professional Counselor | 92 | 64 | 86 | 76 |
| Resident in Counseling | 72 | 42 | 87 | 64 |
| Pre-Education Review for LPC | 7 | 5 | 6 | 0 |
| | | | | |
| Substance Abuse Treatment Practitioner | 9 | 6 | 3 | 3 |
| Substance Abuse Treatment Residents | 1 | 0 | 1 | 1 |
| Pre-Education Review for LSATP | 0 | 0 | 0 | 0 |
| | | | | |
| Rehabilitation Provider | 1 | 0 | 0 | 0 |
| | | | | |
| Qualified Mental Health Prof-Adult | 54 | 55 | 71 | 77 |
| Qualified Mental Health Prof-Child | 40 | 34 | 55 | 44 |
| Trainee for Qualified Mental Health Prof | 202 | 153 | 214 | 119 |
| Registered Peer Recovery Specialist | 11 | 9 | 8 | 11 |
| **Total** | **555** | **407** | **582** | **441** |

Virginia Department of
Health Professions
Board of Counseling

# Licenses, Certifications and Registration Applications Received

| Applications Received | April 2021 | May 2021 | June 2021 | July 2021 |
|---|---|---|---|---|
| Certified Substance Abuse Counselor | 15 | 10 | 13 | 11 |
| Substance Abuse Trainee | 27 | 32 | 23 | 30 |
| Certified Substance Abuse Counseling Assistant | 0 | 6 | 4 | 4 |
| | | | | |
| Licensed Marriage and Family Therapist | 8 | 13 | 9 | 7 |
| Marriage & Family Therapist Resident | 2 | 3 | 7 | 4 |
| Pre-Education Review for LMFT | 0 | 1 | 0 | 0 |
| | | | | |
| Licensed Professional Counselor | 102 | 76 | 111 | 129 |
| Resident in Counseling | 50 | 74 | 104 | 94 |
| Pre-Education Review for LPC | 4 | 7 | 9 | 1 |
| | | | | |
| Substance Abuse Treatment Practitioner | 9 | 6 | 9 | 8 |
| Substance Abuse Treatment Residents | 0 | 1 | 3 | 3 |
| Pre-Education Review for LSATP | 0 | 0 | 0 | 0 |
| | | | | |
| Rehabilitation Provider | 0 | 0 | 0 | 0 |
| | | | | |
| Qualified Mental Health Prof-Adult | 120 | 91 | 122 | 102 |
| Qualified Mental Health Prof-Child | 80 | 80 | 89 | 59 |
| Trainee for Qualified Mental Health Prof | 224 | 220 | 200 | 182 |
| Registered Peer Recovery Specialist | 12 | 9 | 16 | 13 |
| **Total** | **653** | **629** | **719** | **647** |

Virginia Department of
Health Professions
Board of Counseling

# Additional Information:

- **Staffing Information:**

  - The Board currently has three full time and four part-time staff members to answer phone calls, emails and to process applications across all licensure, certification and registration types.

- **Continuity of Care:**
  - Executive Order 57 allowed mental health providers licensed in another state to provide continuity of care for the duration of Executive Order 51 (State of Emergency). Executive Order 51 expired on June 30, 2021. As of July 1, 2021, all individuals wanting to provide clinical services to clients who are located in Virginia must now be licensed in Virginia unless they meet the exemptions for licensure 0outlined in the Code of Virginia.